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D. Tille State State of Suckey Park at 11 and 14 to 18 to

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 20 DATE OF DEATH DECEASED-NAME Middle First (Type or print) Month. Lois Elizabeth Cartzendafner IF LINDER 1 YEAR IF UNDER 24 HRS S. DATE OF BIRTH 6. AGE (In years 3 SEX 4. RACE lost birthdov) DAYS HOURS MONTHS White Female Feb. 24. after deoth. 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED Maryland USA DIVORCED | WIDOWED TY Carroll 12o. USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR during most of warking life, even if retired.) give street address) **INDUSTRY** p PRESTON STREET, BALTIMORE, MARYLAND 21201 Union Bridge Hospita. nurse -13e. STREET AND NUMBER 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Union Bridge & W. Locust IS. MOTHER'S MAIDEN NAME First 14 FATHER'S NAME First Middle Charles Black Wolfe Cora Addiess . 16b. SOCIAL SECURITY NO. 17. INFORMANT 21791 Rural 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 215-34-6800Daniel R. Cartendafner Union Brudge popers. line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY ARCINOMA OF THE ENDOMETRIUM IMMEDIATE CAUSE (a) with metastasis to DUE TO OR AS A CONSEQUENCE OF LUNG: Omentum: Bowe Conditions, if ony, which gave : rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse pleose DIVISION OF VITAL RECORDS, 301 W. by PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🗔 NO TO -cndo metrium 21a. ACCIDENT WAS UNDERLYING T 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. P.M. (If either, notity medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while at wark 1 119 65, ta 22a. I certify that (I) (this haspital) attended the deceased fram 15 saw the deceased alive an 10/25 to 19, and the that (1) (we) last and that in (my) (eur) apinian death accurred an the date and have and fram the causes stated abave. (1) (we) (did) (did not) view the bady after death 22b. SIGNATUR 22c. DATE SIGNED DIRECTOR ATTENDING PHYS. DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS 31791 2.0, By O FUNERAL retained 23d. LOCATION (City or Town)
Union Bridge, 23a. BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY (State) Mt REMOVALTS DECAY! 25b, REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR "whe Davidson War toll 24. FUNERAL DIRECTOR DHMH - 16 3/72 25M (VR A15 (4))

STATE OF MARYLAND

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FOR STATE

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	(ERT	IFICAT	E OF	DEATH	

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		REGISTRAR				TEATE OF BEATT	REG. NO	O.		
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	3 SEX	X	4 RACE	TAIL STATE	5 DATE C		6 AGE (IN YEARS LAST BIRT		DER 1 YEAR	IF UNDER 24 HRS
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		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
	and .	rroll Coun	tm USA		WIDOWE	W.	Carrol1			MD.
n	10 CI	TY OR TOWN OF DEATH				OR OTHER INSTITUTION	120 USUAL OCCUPATI			F BUSINESS OR
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	14 FA	THER'S NAME		2011023		15 MOTHER'S MAIDEN NA				
1	17.4	gar Ell	sworth	Chroni	ster	Rosie	Ellen	I. i	ller	
A. E.		VAS DECEASED EVER IN U.		166 SOCIAL SECU		17 INFORMANT	ADDRE			
	(1		ES, GIVE WAR OR DATES)			Mrs. Doroth	ny Curry s	same as	1 1 3	
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- 1	-3	18 CAUSE OF DEATH (En PART I. DEATH WAS C	AUSED BY:			a recto-sigmoi	diunation	rad +h	1 ye	
		IMM	EDIATE CAUSE (a)	adenocarc	THOME	metastasis	d Junetion	MICH	T ye	aL
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	. 77	underlying cause lo								
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	ATION	19a DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WE	ERE FINDIN	NGS USED
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	MEDIC	21d. INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE, F	ARM FTC 1	21f. LOCATION STREET	CITY OR TOY	VN C	OUNTY	STATE
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		he deceased ali	Ve on UCEOE	oer o 19 C	04, at	nd that in (my) (🍪) apinion (death occurred on the de	ate and hour and	d from the	causes stated
		22h SIGNATURE //	X A A	So O	17.	DEGREE			22c DATE	SIGNED
		Hendard 47	Mundo	11/191-1	Kap -	77 ATTENDING	MEDICAL STAI	FF	10-	12-84
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				M D D	٨		To the factor	atom M	o w-1 -	nd 21157
-		Richard Y.				Carroll Pla		iscer, M	aryıa	110 2115/
		BURIAL, CREMATION, REMO	DVAL 23b. DATE	23c. N	AME OF	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	cou	NTY	STATE

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

IMPORTANT: If Hem 21 is marked or Hem 18 shaws any injury, or other tra

24 FUNERAL DIRECTOR
Thomas D Son Westminster D. Fletcher 80

10-15-1984

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most	130.	TATE 13b. COU	INTY 13c. CITY OF		13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	14 21	1657
2 should	14. FA	THER'S NAME	MIDDLE LA		15. MOTHER'S MAIDEN NA	ME		7241
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poper novol. ent, the		18 CAUSE OF DEATH (Enter o		b), and (c)		-	8	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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0	1 8	190 DATE OF OPERATION	BUNTUS,	VHICH OPERATION	I WAS PERFORMED	200 AUTOPSY?	120h IF YES WERE	FINDINGS USED
ws an	CERTIFICATION	THE DATE OF OFERRING	The Condition of the	THE TOTAL CO.	WAS FERI ORMED		IN CERTIFYING	CAUSES OF DEATH?
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a 18		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONT			TED (CITEMINATORE OF MOOR	, armen is rank i on	7 741 67
Mentol or Nem	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	211 LOCATION			
70	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.)	STREET	CITY OR TO	VN COL	UNTY STATE
olsh one morked		220.1 certify that (1) (this hosp	pital) attended the deceased i	from 'I'l	3 10 53	10 10	15- 10 8	3 4 that (1) Que last
or us of He		sow the deceased alive to	10/11/34	-	that in (my) (our) opinion	death accurred on the do	te and hour and fr	rom the couses stated
pt. em		22b. SIGNATURE	view the body ofter deoth.	1	EGREE ,		22	c. DATE/SIGNED
H H		LLOXI	MCI	NIM	ATTENDING	MEDICAL STAF	F	10/15/84
Stote TANT: H	1	22d. PHYSIÇIAN'S NAME (TYPE	OR PRINT)	COLL	22e. ADDRESS	V DIRECTOR PATSIC	C /	1
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3 \$		BURIAL, CREMATION, REMOVAL	L 23b. DATE	23¢ NAME OF CE	METERY OR CREMATORY	23d. LOCATION		1070
		Burial	10/17/84	MH C	DLIVET	Red Ba	r/L COUNT	· NEL.
50M 4/82	24 FI	JNERAL DIRECTOR	ADD			E RECTO. BY REGISTRAR	Sh REGISTRAR'S	SIGNATURE
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Reisterstown, Md.

FOR

Eline Funeral Home

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



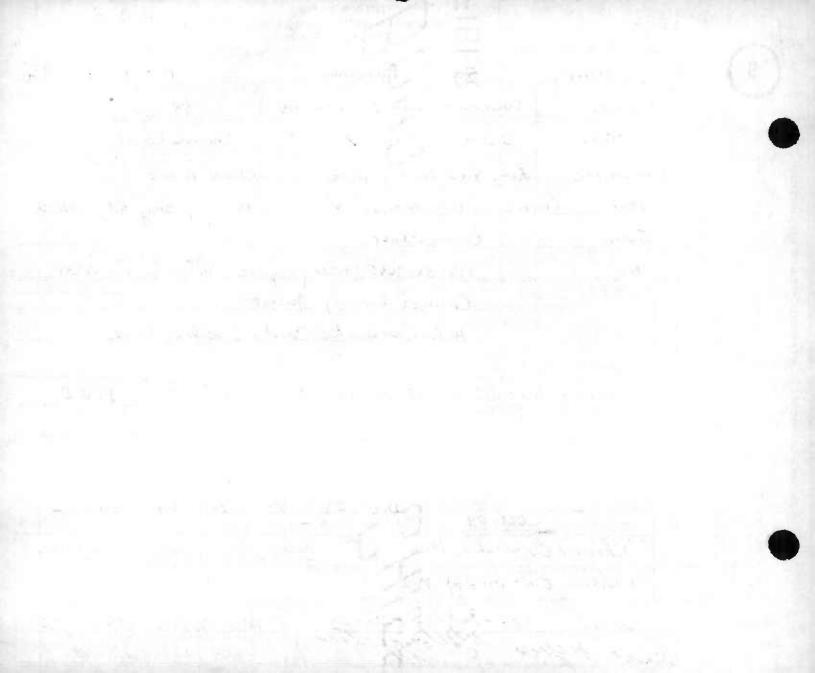
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6//	7a B1	RTHPLACE (STATE (OR	76. CITIZEN OF WE		TRY?	8 MARRII	ED W NEV	ER MARRIED			Manager .	TY OF DEATH	
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7	13a. S	Md.	136. COUN	roll	13c. CITY	or town lksbur		13d. INSIDE (I	TY LIMITS? 13e	1505	Dela.	ware	Court	
1	14. FA	ATHER'S NAME		MIDDLE		LAST		15 MOTHE	R'S MAIDEN N	NAME	WIDDIE		LAST	
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	z	PART 2 DTHER SIGNIFI	ICANT CONDITIONS	CONTRIBUTING TO DEATN	BUT NOT RELA	TED TO THE TERMI	NAL DISEASE	OR CONDITION	GIVEN IN PART 1	6				
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1	IFIC												YES [NO FX
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		UNDERLYING CONTRIBUTING		DEATH P.M		19								
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-		SIGNATURE	ulua	W El	tee	a)	M	ove	way	MEDICALEX	AMINER	SIGNE	10/0/0	107
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		URIAL, CREMATION		DE DATE	23c. N	IAME OF CEM			RY II	36. LOCATION	4	COV	est e	STATE
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		UNERAL DIRECTOR		ADDRESS				1	Sa. DATE REC	D. BY REGIST	RAR 256, RE	CHERDARIES	CHARLING A	Que !
	E	line Fur	neral	Home Rei	ister	stown	, Md.		NUV 7	190	4 June			1
DHMH - 17 (VR A15 ME (5))	24. FU	UNERAL DIRECTOR	R	Home Rej				1	NOV 7	D. BY REGIST	RAR 256, RE	e, Md. GIPRARS	CHARLING A	2

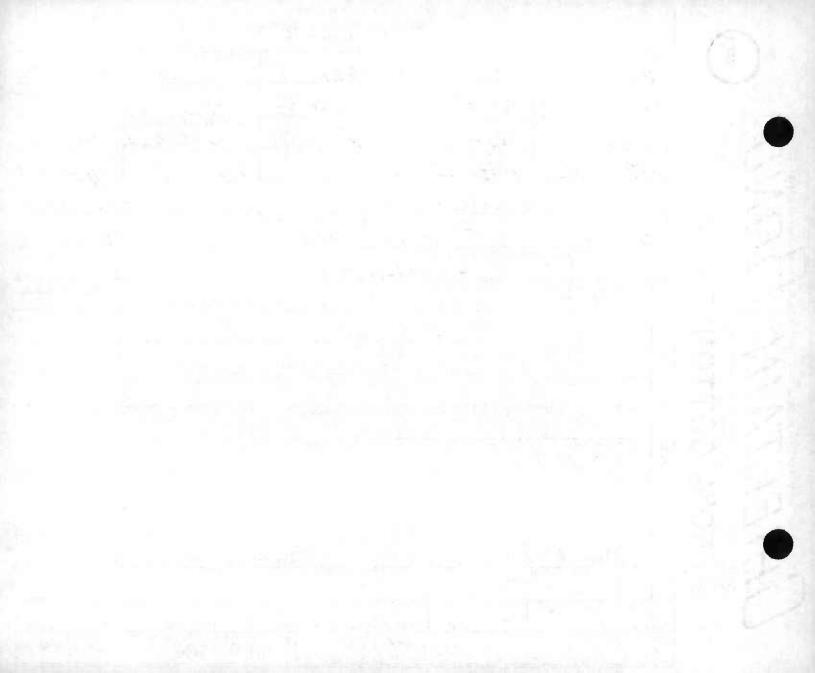
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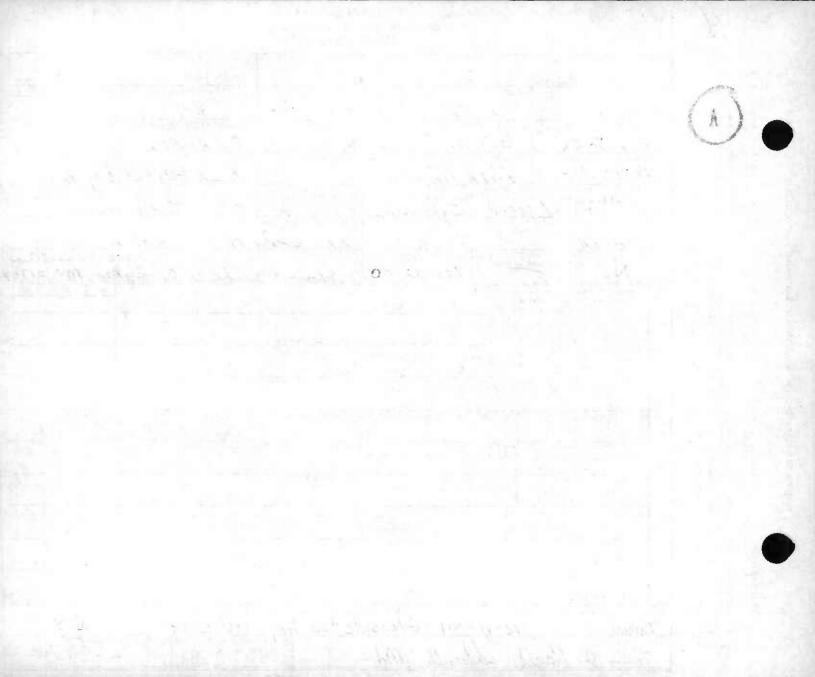


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ê fin	3. SE		A DACE	aucusian	5. DATE OF BIRTH	6. AGE (1	YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
Poge Ch	1	<i>temale</i>	white	3	4 10	10	72 YRS.		
deoth. Po		RTHPLACE (STATE OR FORE COUNTRY) MARYLAND	IGN 76 CITIZEN OF	WHAT COUNTRY?	MARRIED L NEVER MAR	RRIED '_	RRULL COUN		MD.
1 6//	1	TY OR TOWN OF DEATH	(IF NOT IN SU	CH FACILITY, GIVE STREET		JTION 12a USUA (TYPE OF W	L OCCUPATION ORK FOR MOST OF WORKING	12b. KIND OF INDUSTRY	BUSINESS OR
5 /	.USU.	ESTMINSTER AL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTION	, GIVE RESIDENCE BEFOR	E ADMISSION)	A CONTRACTOR OF THE PARTY OF TH	ES CIERK	12116	11111
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2 st	H.F.	THER'S NAME	MIDDLE	LAST	15. MOTHER'S M		MIDDLE	LAST	
ond puo		TYLER	B	COURT	n well 1 d	ZABETH		SP	ROUL
ond ce		VAS DECEASED EVER IN	U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES)	220-14-		" Handin	ADDRESS	Ad Tio	7 - 7/7/9
been signed by the off mil. Then please remove prior to buriol, cremation ony injury, or other trou	CERTIFICATION		itiote the dust. (c)_ ICANT CONDITIONS (ENCE OF DEATH BUT NOT RELATED TO		TOPSY? 20b. IF Y	ES, WERE FINDING	GS USED
those iene	TE					YES [YES [NO [
s certificate buriol-transi Mental Hygi ir frem 18 sh		218. ACCIDENT WAS UNDERLO OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICAL	SE OF DEATH HOUR	OF INJURY A.M. MONTH D P.M.		RY OCCURRED (ENTER	NATURE OF INJURY IN ITEM 1	B PART : OR PART 2)	
s the bur ond Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME S	OF INJURY TREET, FACTORY, OFFICE,	FARM, ETC.) 21f. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
L DIRECTOR: At		22a.1 certify tho 41h	is hospital) attended	1 - 1 - 1 -	DEGREE	19. , to			-
TO FUNERA should be de with the Stot		JOHN	CANAI S	SH	22e ADDRESS 1 0 9	N MOIN	57. V	MIONE	21791
Tefoined TO FUNI should b IMPORT		SURIAL, CREMATION, RES	MOVAL NO DATE	23c.	NAME OF CEMETERY OR CRE	MATORY 23d. LO	CATION ITY OR TOWN	COUNTY	STATE
19	Bu	ried	10-2	484 M	oreland	Pai	kville Bal	timore M	anwhand
50M 4/82	Mi Mi	neral director tchell-Wied	efeld Home	6500 Mor	k Road w 2121	250. DATE RECIDIB	RECOVAR 25b, REGI	EXEMPORTS NAME	JRÉ

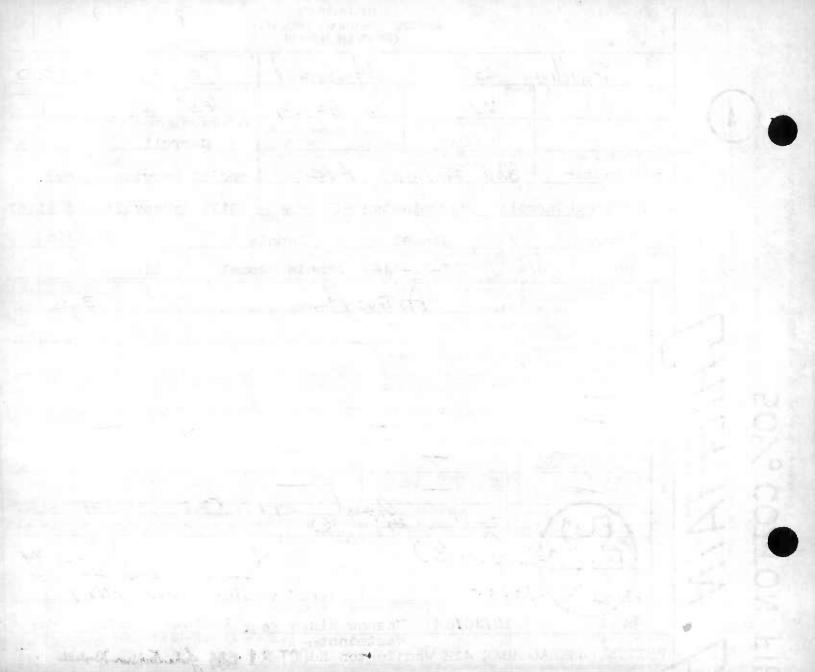
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			EASED NAME FIRST	MIDDLE	LAST		26. DATE OF DEATH M	ONTH DAY YEAR	20.1100K
eath be		(1176	ALFRED	R.	GILKEY		10/8/84		1132 AM
og P		3. SEX		ACE	5. DATE OF BIRTH	YEAR 6	AGE (IN YEARS LAST BIRTH	MONTHS DA	AR IF UNDER 24 HRS
ge 4	1	1	DALE 6	PHITE	7 29	1900	84	YRS.	
9 6	10		RTHPLACE (SLATE OR FOREIGN 76. C	ITIZEN OF WHAT COUNT	MARRIED NEVER	MARRIED -	BALTIMORE CITY OR	COUNTY OF DEATH	
deat	17		IEW YORK	4,5,A.	WIDOWED A DI	NORCED	CARROL	1	MD.
ofter y the f ed with	90	51		NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI FATA HAU		TITUTION	TYPE OF WORK FOR MODER	WORKING LIFE) INDUSTR	RY ROLL
2120 2120 hours 3 in b be fil	00/		L RESIDENCE (IF NURSING HOME OR OTHE	R INSTITUTION, GIVE RESIDENCE BE	FORE ADMISSION)	1	and out	The City	217811
ND 24 h	200	130.5	TATESY Kesville 136. COUNTY	RODI SVKC	SVILLE YES -	NO C	7200 Th	ied Ave	704
ryllA rehin	- Vige	14. FA	THER'S NAME	1		S MAIDEN NAMI		-4 7700	
MARY ed with ond 2		(HARLES	GILK	EX ELI	ZABA	FTh MIDDLE	Robinso	3N
execut ond co	medical		AS DECEASED EVER IN U.S. ARMED	R OR DATES)		ANT	ADDRES	5 7200 >	hindave
TIMORE be exect on and c		,,,	No	121-3	2-0099 an	no me	ale 4.C.	-dyker.	M.Q. 2178
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN The law requires that the death certificate be executed within 24 hours or definding physician. When this certificate has been signed by the aftending physician and completely filled in by as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filled in and Mental Hygiene prior to burial, cremation, or removal.	event, the		18 CAUSE OF DEATH (Enter only on PART I. DEATH WAS CAUSED BY IMMEDIATE CA	10000	ucuits			BETWE	OXIMATE INTERVAL EN ONSET AND DEATH
oth ceath reading e corbin, or	raumotic		Condition if any other	DUE TO, OR AS A CONSE	OUENCE OF	1 4001 40			
PREST he dea emove mation			Conditions, if ony, which gove rise to immediate cause (o), stoting the			00000			
by the	or other		underlying couse last.	DUE TO, OR AS A CONSE	Prote Cardio	vasula	Disease		
DS, 20 quires † signed hen ple o burio	lury, or	Z	PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING				ITION GIVEN IN PART	1(0
1 RECORI ne law rec an. hos been permit. The	s ony in	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WH	ICH OPERATION WAS PERFO	DRMED	200 AUTOPSY?	20b. IF YES, WERE FINING CAUS	SES OF DEATH?
ON OF VITAL R. PYSICIAN: The liding physician. Is certificate hos burial-transit per Mental Hygiene	S S S S S S S S S S S S S S S S S S S	ERTI	21a ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	Tale HOW IN	THIRV OCCURRE	YES NO	YES	NO 🗆
OF VI	0 2		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH	DAY YEAR	NJORT OCCORRE	D (ENTER NATURE OF INJURY	IN HEM 18, PART I OR PART	9
YSICI ding I	or Item	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19 21f LOCATIO	ON			
VISION G PHY offending er this s the bu	marked	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFI	CE, FARM, ETC) STREET	T	CITY OR TOW	N COUNTY	STATE
or Aft	E		220.1 certify that (I) (this haspital)	attended the deceased fro	m	, 19	_, to		_, that (I) (we) last
	21 12		sow the deceosed alive on above, (I) (we) (did) (did no) vie	w the body ofter death	and that in (my)	(our) opinion de	oth occurred on the dat	e and hour and from t	he couses stated
OR A DIREC Sched Dept.	E B	119	22b. SYGNATURE	w me dody oner deom.	DEGREE				TE SIGNED
0 9 0 90 3	± _		tatuch Tum	es	A	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICI		8/84
HOSPITAL index by the FUNERAL UID be detected by the Store of the Stor	A		22d. PHYS CIAN'S NAME (TYPE OR PRIN	iT)	22e. ADDRES				
TO HOSE retoined TO FUNI should bi	MPORIAN		FATRICK A.	URNES M	0 7200	E.TH	IRD AVENUE	Syresvice	E MD 2/78
7. 5 F 4. 3	<	23a. B	URIAL, CREMATION, REMOVAL 23		NAME OF CEMETERY OR		23d. LOCATION	COUNTY	STATE
8P		7	surial 1	10-11-84	Glanside Cen		Wolcott		N. Y.
DHMH-16 30M 2/80 (VRA 15, 4)		24. FU	Harry W. Haight	Sylasville	is Md.	OC7	REC'D. BY REGISTRAR 2	ShireGISTRAR'S SIGN	



	1.	FOR STATE REGISTRAR		DEPARTM		ALTH AND MENTAL HY		G. NO.	UY	
y be death		CEASED NAME PRINTS	, S).E	/-	Famme/	20. DATE OF DEA	27	84	1300
	3. SE	m	4. RACE		S. DATE OF	DAY YEAR OZ 39	6. AGE (IN YEARS L	YRS	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
节的		RTHPLACE (STATE OR FOREIGN COUNTRY) Md	76. CITIZEN OF WH		8. MARRIED WIDOWED	_	9 BALTIMORE C	arroll	Y OF DEATH	MD
of the fo		stminster		SPITAL, NURSING ACHITY, GIVE STREET AI THERES		AJC	TYPE OF WORK FOR		IFE) INDUSTRY	or business or
in 24 hour	13a.	AL RESIDENCE (IF NURSING HOME OF STATE 136, COU Maryland Car	PROTHER INSTITUTION, GIVINTY 130	RESIDENCE SEFORE A C. CITY OR TOWN Vestmin	4	3d. INSIDE CITY LIMITS? YES NO	130. STREET ADD			d 2115
completely fille	14. F.	ATHER'S NAME FIRST Henry	MIDDLE P	Hamme	_	s MOTHER'S MAIDEN N FIRST Jenn	ie	DOLE	Alas	cio
be executed ion and comp		VAS DECEASED EVER IN U.S. A YES, NO ORUNKNOWN) (IF YES, G	DIENMAR OR DATECT	216–36–		Jennie H		13e		
certificate by ing physicior bonpopers. r removal. ic event, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	only one couse per line LED 8Y: ATE CAUSE (a)	e for (0), (b) And	Troc	y toma			BETWEEN 3	MATE INTERVAL ONSET AND DEATH
that the death that the ottend d by the ottend ease remove co ol, cremation, o	1	Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost.	DUE TO, OR A	AS A CONSEQUE	NCE OF					
L RECORDS, 28 e low requires in. In. Then please in permit. Then please permit. Then please only injury, of was only injury, of the prior to burners.	CERTIFICATION	PART 2. OTHER SIGNIFICANT				WAS PERFORMED	MINAL DISEASE OR	? 20b. IF YE	S, WERE FINDI	NGS USED
TO HOSPITAL OR ATTENDING PHYSICIAN: The loseloined by the hospital or oftending physician. TO FUNERAL DIRECTOR: After this certificate hos should be detached for use as the burial-transit perwith the State Dept. of Health and Mental Hygiene MMPORTANT: If them 21 is marked or item 18 shows.		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	21b. TIME OF IN	NJURY MONIH DA	Y YEAR	21c. HOW INJURY OCCU	YES NO	₩ Y	ES 🗌	NO []
INISION OF VIII	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED WHILE AT WORK AT WORK	21e. PLACE OF	INJURY FACTORY, OFFICE, FA	19 NRM, ETC J	211 LOCATION	City	r OR TOWN	COUNTY	STATE
ATTENDING spirled or out the control of the control		220.1 certify that (I) (this has sow the deceased alive a above, (I) we (did) (did in	-7 1	. 7	Ap.	that in (my) (our) opinion	2 , to Ce	the date and ho	, 19 8 4, our ond from the	tho (we) lost causes stated
AL OR AITEN of the hospital AL DIRECTOR: detached for us of Dept. of He II. If hem 21 is		22b. SIGNATURE	Jaker	(14)	C	EGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN 🗍	22c. DATE	27-84
O HOSPITAL etoined by the TO FUNERAL should be det with the Stote		A Va S.	Daker			220 ADDRESS 218 UKSTM	Washing inster	mo mo	> 1400 2115	l ctr
PP		BURIAL, CREMATION, REMOVA (SPECIFY) Durial	23b. DATE 10/30	/84	Meado	METERY OR CREMATORY W Ridge Me	23d. LOCATION CITY OR TO ENERGY OF TO	dge H	oward	Må
DHMH - 16 50M 4/82 (VRA 15, 4)		UNERAL DIRECTOR RITTS FUNERA	L HOME 4		Mante	Andre Dis Di	TE REC D. BY REGIS	TRAN 25b. REGIS	TRAR'S SIGNAT	URE



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FOR STATE REGISTRAR		DEPAR	STATE OF MARYL TMENT OF HEALTH AND CERTIFICATE OF I	MENTAL HYO
OR PRINT	FIRST	MIDDLE	LAST	

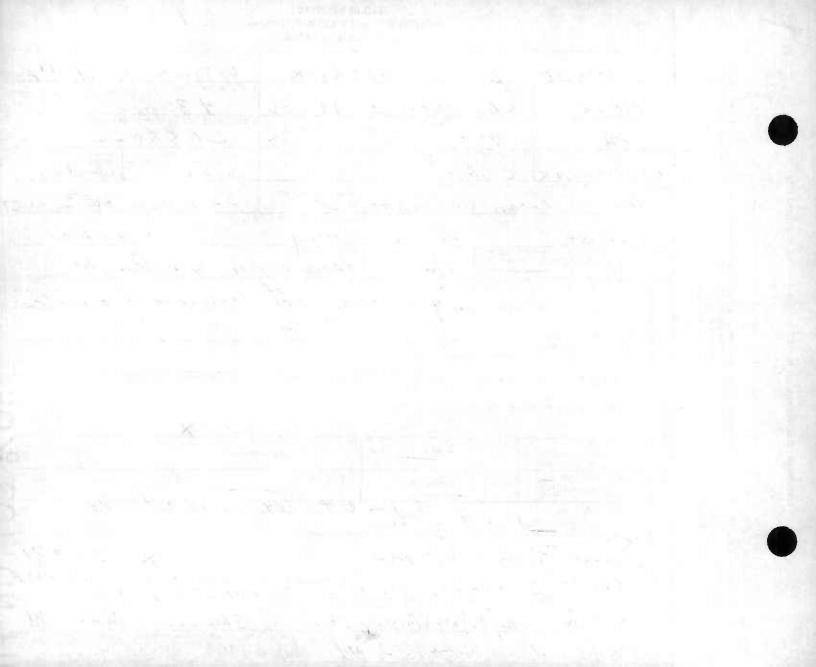
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GIENE			

1	- STATE REGISTRAR		DEPAK	CERTII	FICATE OF DEATH	REG. I	NO.		
	CEASED NAME FIRST	A	MIDDLE		LAST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR T
(ITP	Tda	M	a.e.	Hs	wkins	11-8-	24		955
3. SE		4 RACE	:12	5. DATE (6 AGE (IN YEARS LAST E	IRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	Female	Plant	-	MONTI 8		50		MONTHS DAYS	HOURS MIN.
R	Female IRTHPLACE (STATE OR FOREIGN	Black	WHAT COUNTRY	(2 0	29 34	5 0	YRS.	VOEDEATH	
	COUNTRY)			MARRIE	D NEVER MARRIED X X		_		
	ryland ITY OR TOWN OF DEATH		S.A.	WIDOWI	DIVORCED DIVORCED		11 Co		M
March .			HEACILITY, GIVE STRE		OR OTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOST			OF BUSINESS OF
	ykesville	Sprin	ngfield	Hospit	al Center	-		-	
13a.	AL RESIDENCE (IF NUR HO - THE STATE	HER INSTITUTION	13c. CITY OR TO	DRE ADMISSION)	113d. INSIDE CITY LIMITS?	113e STREET ADDRESS	2241	Barcla	y Stree
	Maryland		Baltim		YES NO	1919 1202		7075	21218
	ATHER'S NAME	Maria de la companya della companya			15. MOTHER'S MAIDEN NA	ME	36006		
	Calvin	MIDDLE	Willia	-	FIRST	MIDDLE		TTI	
16a \	WAS DECEASED EVER IN U.S. A	RMED FORCES?	16b SOCIAL SEC		Ida 17 INFORMANT	ADDI	RESS	Hawkin	8
-		GIVE WAR OR DATES)	216-32-			00/1		1	
_	1			-	Fannie Oli	ver 2241	Barc		reet
	18. CAUSE OF DEATH (Enter of PART). DEATH WAS CAUS	only one couse per	line for (o), (b), o	and (ch)	1. 11 i	~	- (-	BETWEEN	XIMATE INTERVAL LONSET AND DEATH
		ATE CAUSE (0)	or com	· ma	Et- heast	c mela	other	Mon	ths
		DUE TO OF	R AS A CONSEO	LIENCE OF					
	Conditions, if ony, which	/	(AS A CONSEO	OLIVEE OI					
	gove rise to immediate	e rise to immediate						-	
	cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost								
	5.55.77.19	((c)							
CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG								
AT	190. DATE OF OPERATION	19h CONDI	TION FOR WHIC	H OPERATIO	ATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDING				
IFIC						YES NO.		FYING CAUSES	
ERT	21g. ACCIDENT WAS UNDERLYING	21b. TIME O	F IN ILIRY		21¢ HOW INJURY OCCUR			ES _	NO [
	OR CONTRIBUTING CAUSE OF D			DAY YEAR	216 HO W HAJORI OCCORI	(ENTER NATURE OF IN)	DRY IN HEM 18	PART I OR PART 2)	
CA	(IF EITHER NOTIFY MEDICAL EXAMIN	ER) P.A		19					
MEDICAL	21d INJURY OCCURRED	21e. PLACE (OF INJURY EET, FACTORY, OFFICE	FARM FIC)	211 LOCATION STREET	CITY OR I	OWN	COUNTY	STATE
<	AT WORK AT WORK				01	0			
	220 I certify that (I) (this has	pital) attended the	deceosed from	2=20) = 19 04	10-8		19 84	that (I) (we) los
	sow the deceased alive of	n		ОЦ , от	nd that in (my) (our) opinion	deoth occurred on the	date and har		
	obove, (I) (we) (did) (did not) view the body ofter death 22b. SIGNATURE / DEGREE 27c. DATE SIGNED								
	6.12	hide	del	ha	ATTENDING	_ MEDICAL STA	AFF	III. DATE	16/20
	22d. PHYSICIAN'S NAME (TYPE	1 24 2	0-8-71	100.	PHYSICIAN	DIRECTOR PHYS	ICIAN D	20/	2/64
	L. Nativid				Soringfield Maryland 2	d784spital	Cente	r, Syke	sville,
	BURIAL, CREMATION, REMOVA		230	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
]	BURIAL	10/1	2/84 M	ount	Zion Cem.	Lansdow	ne,	COUNTY	Md. STATE
24. FI	UNERAL DIRECTOR				75a AA	E REC'D. BY REGISTRA			
Wi	NAME	II Tere	1101 E	Mark	1 1 1	1 1 1084	410	Davidson-1	Rando De
AA I	a c march r/	II THE.	TIOI E	MOTF	h Avenue	1007	1	- AND AMOUNT A	

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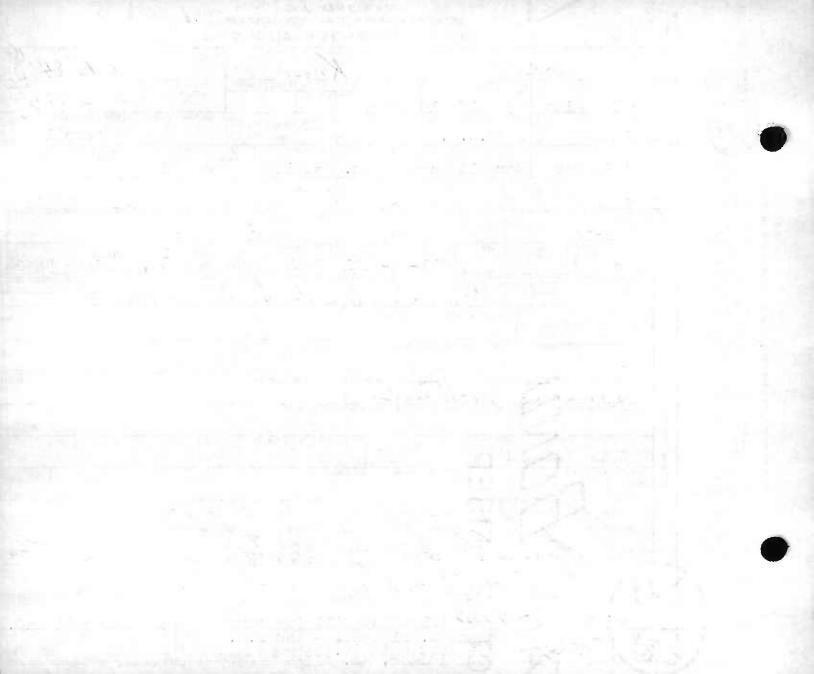
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		STATE OF MARYLAND	2 7 6	1 2
	1 - STATE DEPARTM	ENT OF HEALTH AND MENTAL HYG	ILENE & /	
	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.	
	DECEASED NAME FIRST MIDDLE (TYPE OR PRINT)	LAST	IN DAIL OF BEATT	DAY YEAR 26. HOUR
director, page 3 hours ofter death	WADE E	HETRICK	OCTOBER 13	3,1984219 AM
ter o	. SEX 4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
	MALE CAUCASIAN	3 - 19 - 36	48 YRS.	
18	a. BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
5/	COUNTRY PA USA	WIDOWED DIVORCED	CARRO	LL MD.
0	0 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING	HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	126. KIND OF BUSINESS OR
	WESTMINSTER CCGH	DD#E33)	WOLDER	welding
0011	JSUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE, 38. STATE 136. COUNTY 136. CITY OR TOWN	ADMISSION) 1136. INSIDE CITY LIMITS?	13e. STREET ADDRESS	1 -
20	Md CARROLL WESTHIN		88 W. Hair	Apr 3 21157
11	4. FATHER'S NAME	15. MOTHER'S MAIDEN NA		
	CLAUDE HETRIC	K Holly	WIDDLE	SON BAWY.
ico	60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECUR	TITY NO. 17 INFORMANT	ADDRESS	
medico	(YES NO ORUNKNOWN) (IF YES, GIVE WAR OR DATES)	TAMMA HETT	nice Shen Ki	m /1
e Pe	18 CAUSE OF DEATH (Enter only one couse per line for) and	(6.1)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
novol vent, t	PART I. DEATH WAS CAUSED BY:	mous coll	carcinoma y	6 months
r rer	IMMEDIATE CAUSE (0)	-	1	
om, c	DUE TO, OR AS A CONSEQUE	CE OF eng		
troum	gove rise to immediate			
athe	underlying couse lost. DUE TO, OR AS A CONSEQUE	NCE OF		
, 0,	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIV	EN IN PART 1(a
njo i				
any	190. DATE OF OPERATION 19b. CONDITION FOR WHICH (210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY	PERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES	S, WERE FINDINGS USED TYING CAUSES OF DEATH?
	¥		~ 4	S NO
S Show	210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY		RED (ENTER NATURE OF INJURY IN ITEM 18 P	PART I OR PART 2)
em	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DA	19		
0	216. INJURY OCCURRED 21e. PLACE OF INJURY	21f. LOCATION	CITY OR TOWN	COUNTY STATE
0	WHILE NOT WHILE AT WORK AT WORK	NM, ETC)		
mork	228.1 certify that (1) (this haspital) attended the deceased from	12 0d 1984	_, to/3 OCT_	19 7, that (1) (we) lost
21 is	sow the deceased plive on 13 0 4 19 8	, and that in (my) (our) opinion	death occurred on the date and hou	or and from the causes stated
E	obove, (1) (we) (did) (did not) view the body ofter death. 22b. 2GN ATURE	DEGREE		22c. DATE SIGNED
#	Jam Bransech 1	ATTENDING PHYSICIAN [MEDICAL STAFF	130x 84
IMPORTANT: IF	726. PHYSICIAN'S NAME DAY OF MINT	22e ADDRESS		-15-201 1105-0
MPORTANT:	JAMES ZIMMERLY,	MD CARROLL		WERAL HOSP
\$		AME OF CEMETERY OR CREMATORY	23d. LOCATION	14
	(SPECIFY)	166 BY A MON	Shnews Bury	Allan Mil
_	4 FUNERAL DIRECTOR	25a. DAT	TE REC'D. BY REGISTRAR 25b. REGIST	RAR'S SIGNATURE
0M 4/B2	PRITTE = 4 NESTA	CR and UCI 2	39 1444 A.S. K.	



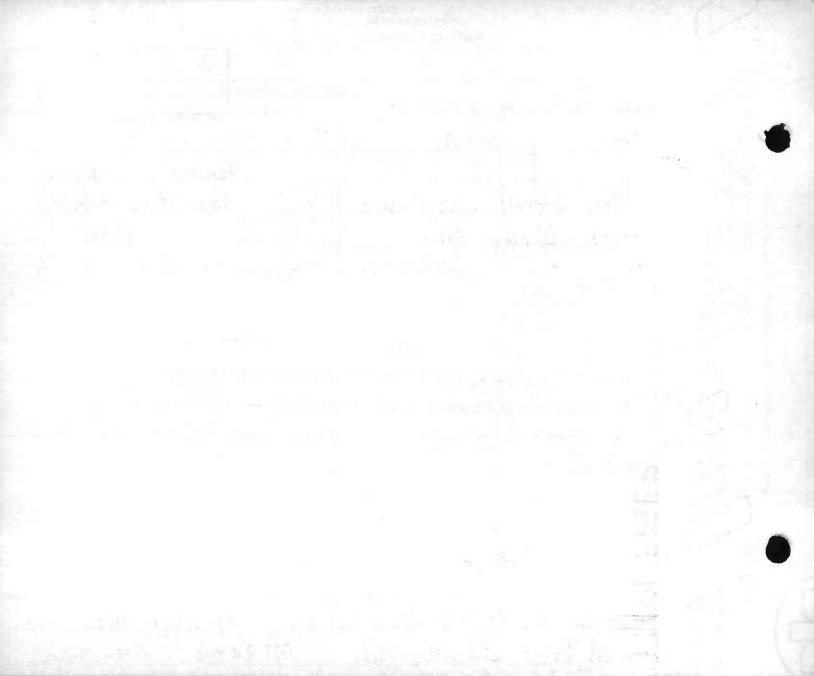
DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 1. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-Doris DEATH MATED 1. SEX 4. RACE DATE OF BIRTH 6 AGE (IN YEARS UNDER 24 HRS DATE MONTH YEAD LAST BIRTHDAY) PRONOUNCED DEAD Female White 5YRS Ja. BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED WEVER MARRIED FOREIGN COUNTRY) U.S.A. Carrol Indiana WIDOWED DIVORCED . CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Housewife Gen. Hospita] SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS YES [NO ourbon 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST LAST Inyder Bates Mabel Harol 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166. SOCIAL SECURITY NO. Road (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) F MEDICAL EXAMINER ALONG WITH R ED AS A BURIAL-TRANSIT PERMIT PAGE HEALTH AND MENTAL HYGENE DIVISION CREMATION, OR REMOVAL Indiana Noah Knepp Bourbon, APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per the for (a), (b), and BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO: OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last SIGNIFICANT COMMUNICATION TRIBUTING TO DEATH BUT NOT COLLABOR TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 USED AS A B OF HEALTH A end INER: THIS CERTIFICATE WORD "PER CATE, WRITING THE WORD "PER FORWARDED TO THE CHIEF M. TOR: PAGE 3 SHOULD BE USED ATHE STATE DEPARTMENT OF HE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED? 76. AUTOPSYT YES [] NO L TIN EXTERNAL CAUSE WAS ZIE TIME OF INJURY THE HOW INJURY OCCURRED LENGTH NATURE OF PURRY IN TEN 18 PART I OR PART 25 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH IT AN 714 INJURY OCCURRED HE PLACE OF INJURY (ATHOME TH LOCATION STREET, FACTORY, FARM, ETC.1 CONTRACT STATE CITY OF TOWN CIDENTY WHILE 1 NOT WHILE AT WORK AT WORK DECUTE THE CERTIFICATE,
P GE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: P.
ATER DEATH, WITH THE ST.
ATER OF THE STATEMENT OF Impertion P 22s I certify that 3 took charge of the remains described above, held a and in my opinion death resided from Undetermined manner ACTUAL SIGNATURE MEDICAL EXAMINE EXAMINER'S NAM TYPE OR PRINT THE BURNAL CREMATION, REMOVAL 12th DATE 234 LOCATION DOGNITY STATE Cemeta 7777 Faurban Marshall A MATERICID BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND



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1-	FOR STATE	STATE OF MAR DEPARTMENT OF HEALTH AN	ND MENTALHYGIENE 2 / 0	1 5
	REGISTRAR	MEDICAL EXAMINER'S CER	KEG. I	NO.
	ECEASED NAME FIRST (PE OR PRINT)	MIDDLE LAST	OF ESTI-	
	Mildre	ed King Limb	ourg DEATH MATED	□ 10/22/8 ₄
3 SE	X 4 RACE	5. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY MONTHS !	R 1 YR. IF UNDER 24 HRS. 2c. DATE DAYS HOURS MIN. PRONOUNCED	MONTH DAY YEAR 24 H
J.F.	emale White	JRR. 11, 1905 79 YRS.	DEAD	10/22/84 ₁₉ A
	SIRTHPLACE (STATE OR OREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	NEVER MARRIED BALTIMORE CITY	OR COUNTY OF DEATH
7	Ohio	U.S. A. WIDOWED	☐ DIVORCED ☐ Carroll	County
1D. C	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER IN		
1	Sykesville	Fairhaven Nurshing Home	TEACHER	Kindersen
USU	AL RESIDENCE (IF IN NURSING HOME C	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	INSIDE CITY LIMITS? 136 STREET ADDRESS . A.	. 2100
) 30.	STATE Md. 136 COUNT	Poll Sukesville 13d.	ES NO 1 7200 Thi	ed Ave.
14. F	ATHER'S NAME	15.	MOTHER'S MAIDEN NAME	
//	Frank (1)	middle King	Golda	Petri
7 16a.	WAS DECEASED EVER IN U.S. ARA YES, NO, O UNKNOWN) (IF YES, GIVE		INFORMANT ADDRES	
(YES, NO, O UNKNOWN) (IF YES, GIVE	218567822 (Charles Limburg Su	kesville Md.
		ly one couse per line for (a), (b), ond (c).)	STITLES DITTIONS OF	APPROXIMATE INTERV
	DARKE OF AVAILABLE OF ALLER		rdiovaccular Dicasco	BETWEEN ONSET AND DE
MEDICAL CERTIFICATION	IMMEDIA	DUE TO, OR AS A CONSEQUENCE OF	Italovascular Disease	
	Canditians, if any, which	DOE TO, ON AS A CONSEQUENCE OF		
	gave rise to immediate cause (a) stating the under-	(b)		
	lying couse lost.	DUE TO, OR AS A CONSEQUENCE OF		
	BART 2 OTHER CICNISICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR C		
z	TAKE Z OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DESTIN AND MAIL KECKLED TO THE LEKWINAT DISEASE OF C	LONDITION GIVEN IN PART 1 10	
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS P	PEDEODAED2	2D AUTOPSY?
5	The DATE OF GLERATION	THE CONDITION TOK WHICH OF EXAMON WAST	EKI OKMED:	
E	21a, EXTERNAL CAUSE WAS	216. TIME OF INJURY 21r. HOW	INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 1	YES X NO
4 5	UNDERLYING OR	HOUR A.M. MONTH DAY YEAR	11-2011 OCCURRED (ESSER MAJORE OF INJURY IN ITEM I	TOTAN TOMPAKTZI
MEDICAL	CONTRIBUTING CAUSE OF E	DEATH P.M. 19 21e PLACE OF INJURY (ATHOME, 21f, LOCATI	ION	
MEG	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC) STREET		COUNTY
-	AT WORK AT WORK			
	22a I certify that I took charg	e of the remains described above, held on Autopsy	X. Inspection , Inquiry , c	and in my apınıan
	death resulted fram: Notur	ral couses XX. Accident , Suicide ,	Homicide Undetermined manner	
		management of the second	TITLE (SPECIFY)	
		17		
	ACTUAL 3		· · · · · · · · · · · · · · · · · · ·	DATE 10/23/84
7	ACTUAL SIGNATURE		Assistant MEDICAL EXAMINER	DATE 10/23/84 SIGNED 10/23/84
	ACTUAL SIGNATURE	M.D.	Assistant MEDICAL EXAMINER	DATE SIGNED 10/23/84
23a. E	ACTUAL SIGNATURE	eogry R. Kauffman, M.D. ADD	Assistant MEDICAL EXAMINER	SIGNED
230. 5	EXAMINER'S NAME (TYPE OR PRINT) BURIAL, CREMATION, REMOVAL 7	M.D BOGTY R. Kauffman, M.D. ADD BODTS AND BOTT OF CEMETERY OF CR	Assistant Medical examiner ORESS 111 Penn St. REMATORY 134 LOCATION CITY OF TOWN	DATE SIGNED 10/23/84
4	ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) GYE	M.D BOGTY R. Kauffman, M.D. ADD BODTS AND BOTT OF CEMETERY OF CR	Assistant MEDICAL EXAMINER ORESS 111 Penn St. REMATORY 238 LOCATION CITY OF TOWN	SIGNED



DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND

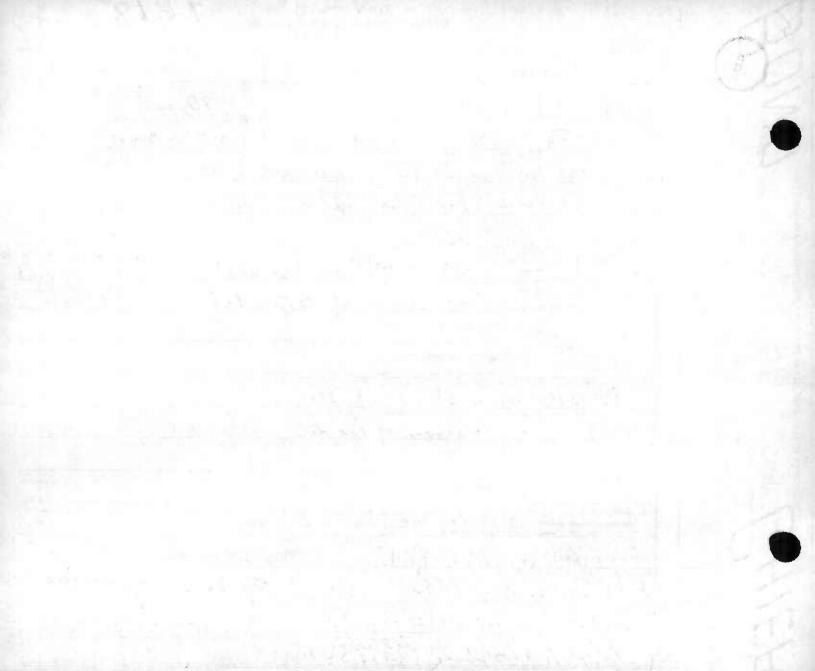
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10.			
I DECEASED NAME EIRST		MIDDLE	1	AST	26 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	
(TYPE OR PRINT) Almedia		S.	L.	ucas		10-29	-84	7:20	PM
Female	4 RACE Caucas	ian	S. DATE O	1 - 84 - 64 -	6. AGE (IN YEARS LAST BII	RTHDAY) IF U MON	THS DAYS	HOURS	MIN.
O BIRTHPLACE (STATE OR FOREIGN VITIGINIA	7b. CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWI	D D NEVER MARRIED	9 BALTIMORE CITY C		DEATH		MD
Sykesville				or other institution	Teller occupation	e WORKING LIFE)	126 KIND O INDUSTRY Gove 1	U.S.	
SUAL RESIDENCE (IF NURSING HOME IS STATE MON	OR OTHER INSTITUTION, JNTY Itgomery	GIVE RESIDENCE BEFORE 13r. CITY OR TOW Betnesda	ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 9212 Ad	/ ZIP CODE e I a i de	Driv	ve/20	081
FATHER'S NAME ATTHUT N	elson	Shumate		Nellie			Smit		
g. WAS DECEASED EVER IN U.S. A	ARMED FORCES? GIVE WAR OR DATES)	578-26-		Pauline L.	Ball, sa	me as			; ;
18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU:	anly one couse per SED BY: ATE CAUSE (0)	line far (a), (b), and	d (c+)	nia, Right Lun	ıg		BETWEEN O	MATE INTERV. ONSET AND DI	AL E ATH
Conditions, if any, which		ras a conseque cute trac	heo bi	ronchitis, mar	eked		Da	ays	
course o), stating the underlying cause last.	(c) A		ked*	(and uremia,cl			* Yes		
PART 2. OTHER SIGNIFICAN	T CONDITIONS <u>C</u>	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	IDITION GIVEN	IN PART 16	3	
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	G CAUSES		1?
	DEATH HOUR A.	DE INJURY M. MONTH DA	AY YEAR	21c HOW INJURY OCCUR		JRY IN ITEM 18 PART	I OR PART 2)		
OR CONTRIBUTING CAUSE OF E	21e. PLACE			211 LOCATION STREET	CITY OR TO	ОWИ	COUNTY	514	,TE
22a.1 certify that (1) (this has saw the deceased alive above, (1) (we) (did) (did	U11		8/	0/73 nd that in (my) (our) opinion	, ta10-29 death occurred on the c	date and hour or		that (I) (we couses state	
226. SIGNATURE	het vi	led m	n P	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE	SIGNED	84
Lourdes Nati		.D.		Springfield	Hospital,	Sykesvil	lle, l	id. 21	78
30. BURIAL, CREMATION, REMOVA	4 9 1	984 Ar	ling	ton Nationa		ton. V	ounty irgir		LTE .
Homes, P.A. B	rt A. P ethesda	umphrey, Maryl	Fund and	era1 20814 NO	E REC'D. BY REGISTRA	Guna Dan	. ,	2	_

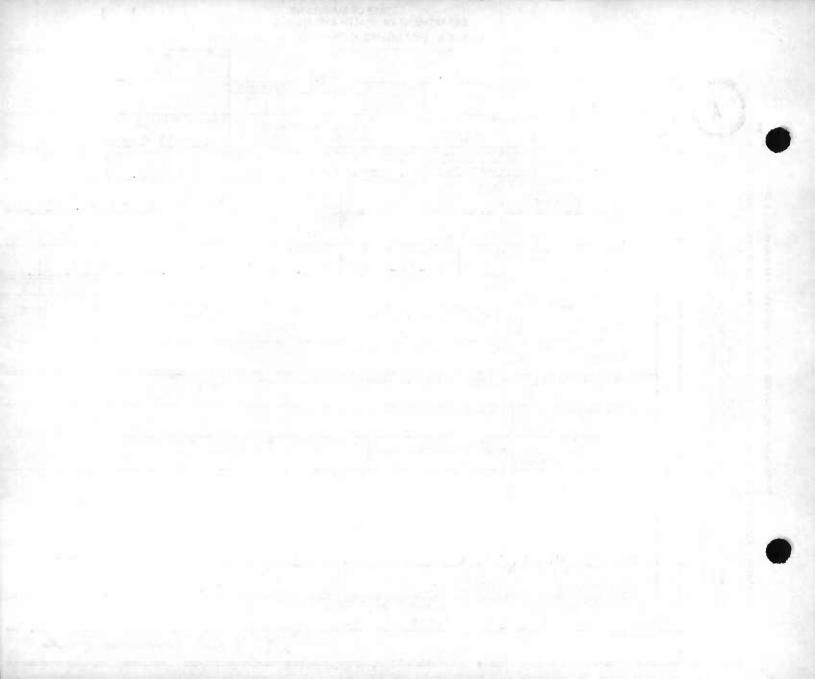
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Void 84-27617 See 84-30510





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	1-	STATE REGISTRAR				EXAMIN					1 .	REG. NO.		
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	(148	OR PRINT)	PAUL		н.		Me	OORE		D	OF ES	TED 1	0 2 19	84 M
	3 SEX			S DATE OF BIRTH	YEAR	6. AGE (IN YE.	ARS IF UN	DER I YR.	IF UNDER 2		DATE	MONT	TH DAY	YEAR 2d HOUR
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4	FO	RTHPLACE (STATE OR REIGN COUNTRY)		76 CITIZEN OF W		VTRY?			ER MARRIE	D	ALTIMORE	CITY OR COL	UNITY OF DEAT	TH
		aryland	ATM	U.S.		IDS INIC HOME	WIDOW		DIVORCE			11 Coun		MD. OF BUSINESS
1			AIN	(IF NOT IN SUCH F	ACILITY, GIVE	STREET ADDRESS)			IION	FOR MOST	OF WORKING	LIFE)	OR IN	DUSTRY
	100	stminster	URSING HOME OF	Carroll				(DOA)			Plan	Ор.	BG	<u>ķE</u>
	13a. S		Balti	YCHUKE	/ 13c. CIT	pstea		13d. INSIDE CIT		1822		nawda	m Dd	21074
		THER'S NAME	Par CI		Inall		u	IS. MOTHE	R'S MAIDEN			powde		21074
-)	rirst Li gen e		MIDDLE	Moor	LAST		FIF	rothy		MIDDLE		Necke	
	16a. V	/AS DECEASED EVER		AED FORCES?		CIAL SECURIT	Y NO.	17. INFORM	AANT		ΑI	DDRESS	_NECKE	71
	(1	yes	(IF TES, GIVE V	VAR OR DATES	218	-36-7	324	Mrs.	. Req	ina	Moore	. Hamp	stead.	Md.
		18. CAUSE OF DEA PART I DEATH V	TH (Enter anl										APPRO BETWEEN	XIMATE INTERVAL
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	19	gove rise to	immediate	(b)	16 1 60	ICEOUENICE.	0.5					-		
		lying couse lost		1	AS A CO	NSEQUENCE (OF							
		PART 2 OTHER SIGNIFICA	NT CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT REL	ATEO TO THE TERM	INAL DISEASE	OR CONDITION	GIVEN IN PART	1				
	Z O				,		Will Wight Se							
200	CERTIFICATION	190. DATE OF OPER	ATION	19h COND	ITION FOR	WHICH OPER	ATION W	AS PERFORA	MED?				20 AUTO	OPSY?
	TIFK												YES	NO [
-		210 EXTERNAL CAL		21b. TIME O	F INJURY A. MONTH	DAY YEAR		OW INJURY	OCCURRED	LENTER NATU	RE OF INJURY IF	N ITEM 18 PART 1 O	R PART 2)	
	MEDICAL	CONTRIBUTING	CAUSE OF D		.,	19	1014 1 6	247102						
	MED	WHILE NO	WHILE	21e PLACE STREET, FAC	OF INJURY			CATION TREET		Cit	Y OR TOWN		COUNTY	STATE
			VORK	<u> </u>				EXZ.						
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		deoth resulted from	m: Noture	ol couses X,	Accident	LJ, Su	icide	, Homici		Undeterm	ned manner	r 🔲,		
		ACTUAL	An	100	λ			DASSIS		WED IC .		DA	TE 10-	3-84
-	1	SIGNATURE	XI	X	V		M.	الم المدين	- Limb	MEDICA	LEXAMINE	K SIG	GNED	
P		EXAMINER'S NAME (TYPE OR PRINT)	Ann	M. Dixon	, M.D).		ADDRESS	111 F	Penn S	t., B	alto.,	Md. 2	1201
	23 a. B	JRIAL, CREMATION,	REMOVAL 2	B DATE	23c.	NAME OF CE	METERY O	R CREMATO	ORY	23d. LOCA CITY OR TO	TION	(COUNTY	STATE
		Crematio	n I	0-5-84	С	arrol	Cr	emati	ion	Hamr	stea		rroll	Md
		INERAL DIRECTOR		ADDRES	5			2	250. DATE RE	C'D. BY REC	SIRAR D	Ma Dayd	SSIGNATURE	lesse
		line Fu	neral	Home,	Hamr	stead	, Md		001	2 .0	9			
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STATE OF MARYLAND

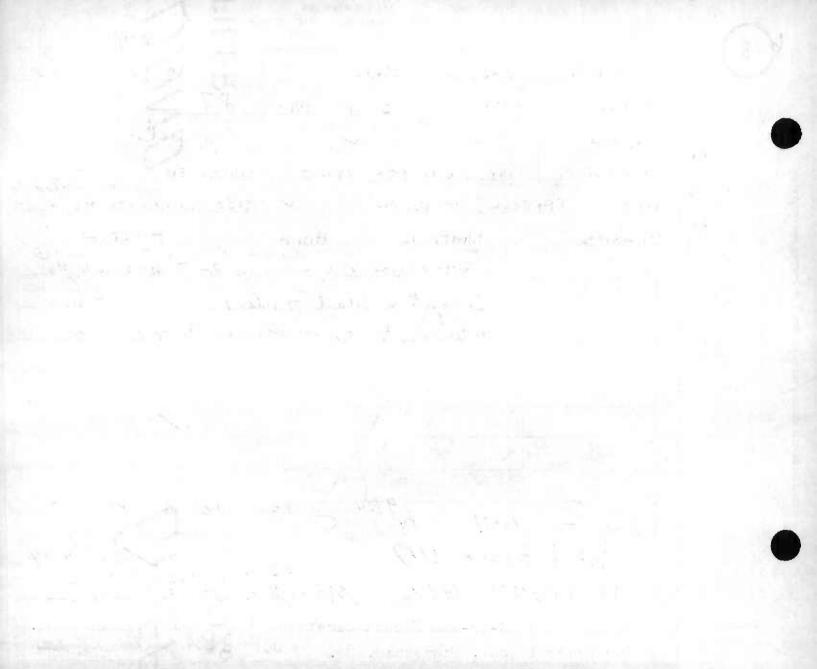


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70)			CEASED NAME FIRST OR PRINT)	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
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je 4 may ector. pag		3. SE	EMALE	1. RACE CAUC	5. DATE OF BIRTH MONTH DAY YEA	AR S 7 YRS.	MONTHS DAYS HOURS MIN.
Pog dir	110		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN		9 BALTIMORE CITY OR COUNT	Y OF DEATH
death.	900		PGINIA	USA	WIDOWED DIVORCE	1 1 1 1 1 1 1 1 1	MD.
ofter the		10. CI	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE	1 11000 - 11	(TYPE OF WORK FOR MOST OF WORKING LI	176. KIND OF BUSINESS OR INDUSTRY
21201 hours of t in by be file	pe o	USU	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)	Housewife	Humanth . a M
ND 24	W N	- 1			PSTZAD YES NO E	18133 Gun Row	DER Rd /21074
MARYLA d within pletely ind 2 sh	g /	14. FA	THER'S NAME FIRST	MIDDLE	15. MOTHER'S MAID	EN NAME MIDDLE	S O O LAST
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MORE e execu	medico		VAS DECEASED EVER IN U.S. AR	VE WAR OR DATES)	SECURITY NO. 17. INFORMANT	alph. PASSDRESS 1	21083
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BAL icate icate icate oper-	ent, the		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one cause per line for (a), (by and (cv.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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deather deather by e	0		Conditions, if ony, which	1 Barters	and wastig Com	du las Persone	· lys
the the	er fr		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONS	SEQUENCE OF		
that that d by	ar ather troumot		underlying couse last.	(c)			
DS, 20 quires signed hen pla	7	N	PART 2 OTHER SIGNIFICANT (conditions <u>contributing</u>	G TO DEATH BUT NOT RELATED TO TH	E TERMINAL DISEASE OR CONDITION GIV	VEN IN PART 110
ECOR Dw re been rmit. T	À.Z.	CERTIFICATION	198 DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION WAS PERFORMED		S, WERE FINDINGS USED
L RE lo no.	S X	FFC					FYING CAUSES OF DEATH?
VITAL RE N: The lo nysicion. icate has	18 show	CERT	210. ACCIDENT WAS UNDERLYING		21c HOW INJURY C	OCCURRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
N OF VITA SICIAN: TI ng physici certificate	them]		OR CONTRIBUTING CAUSE OF DE		H DAY YEAR		
PHYSICIA PHYSICIA this certifi the burial-tr	± /	MEDICAL	214 INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION		COUNTY STATE
VISIG G PH Osten osten s the b	is marked or	¥	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
DI Or o ol or o ol or o ol or o ol or ole os	Jo E		220 I certify that (1) (this hospi	ital) attended the deceased t	from 9/24 19	83 10 Net 6	19 4. that (I) (we) last
Spitol CTOR:			saw the deceased alive on	9/25/		pinion death occurred on the date and ha	
AT AT Hosp	Hem 2		22b. SIGNATURE	ot) view the body after death	DEGREE		27c. DATE SIGNED
PITAL OR A by the hos ERAL DIREG de detached	1 100		WIN	Fround 1	ATTENE PHYSIC		10/6/84
HOS ined	MPORTANT:		22d. PHYSICIÁN'S NAME ITYPE O	orprint)	22e ADDRESS	charter Md	+ BOYE
of of shoot	3 ≥		URIAL, CREMATION, REMOVAL	23b. DATE	23¢ NAME OF CEMETERY OR CREMA	TORY ZIM LOCATION	COUNTY STATE
BP			Burial	10-10-84	Forest Cemeter		Balto Md.
DHMH - 16 50M	4/83	24 F	INERAL DIRECTOR		1	SE DATE REC'D. BY REGISTRAN 2519 REGIS	TRAR'S SIGNATURE
(VRA 15, 4)			Eline Funera	1 Home, Ham	pstead, Md.	001 0 304 94100	Davidson-Randelle



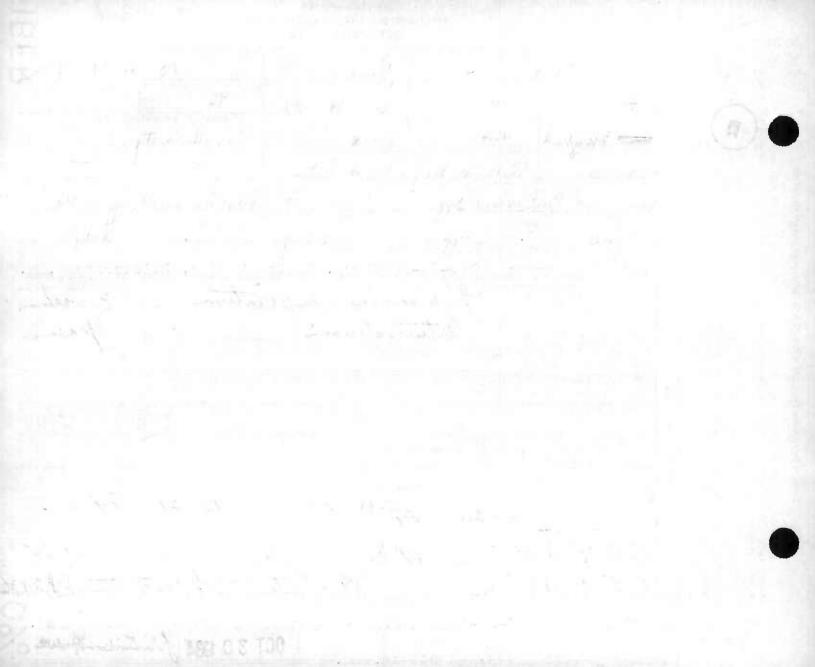
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7 5 2 CERTIFICATE OF DEATH State Dept. DECEASED-NAME Middle Lost 2g DATE OF DEATH First (Type or print) Oct Doy 1 Jane Coffman Pellam director, 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) DAYS 5/29/24 White Female 60 after death. 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Maryland Maryland U.S.A. WIDOWED TO DIVORCED Carroll 11. NAME OF HOSPITATOR INSTITUTION IN 1991 to be spital 120. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 126. KIND OF BUSINESS OF give street address)
Nursing/Conv. during mast of warking life, even if retired.) BALTIMORE, MARYLAND 21201 Westminster teacher school 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY LIMITS? 13b. COUNTY Westminster Sullivan Rd. 14. FATHER'S NAME First Middle last 15. MOTHER'S MAIDEN NAME First Middle McKinley Coffman Elizabeth Fahrney 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 1300 Wakefield Valley Rd with (Yes, no, ar unknown) H. McKinley Coffman New Windsor, M papers. 227-22-5179 none 18. CAUSE OF DEATH (Enter only one cause per line fox (o), (b), and (s).) BETWEEN ONSET AND DEATH carban PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, ARCINOMATO SIS IMMEDIATE CAUSE (a) ottending DUE TO, OR AS A CONSECULENCE OF 1975 Conditions, if ony, which gave) CANCER rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse please thot the by PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) been signed регті 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES [NO X CANCER burial-transit certificate has 21a. ACCIDENT WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Port 2, Item 18.) UNDERLYING 21b. TIME OF INJURY buriol, OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. Stote City or Town County While Not while at work VIRY 1000V 19 220. I certify that (I) (this hospital) attended the deceased from-18 19 84, and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive on_ ATTENDING causes stoted above (1) (we) (did) (did not) view the body after death. hospitol OIRECTOR: 22c. DAJE SIGNED > DEGREE PHYS DIRECTOR PHYS. puo 22d. PHYSICIBLES 22e. ADDRESS NAME (Type) ARICOTE 104N.Main FUNERAL be Health shauld 2c. NAME OF TEMETERY OR CREMATORY Carrollation Sep 23d. LOCATION (City or Town) (County) 23g. BURIAL CREMATION 23h DATE (Stote) remarks to jo. 10/26/84 Carroll MD 2 Services Hampstead 25b, REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS DHMH - 16 3/72 25M (VR A15 (4))

Licence To the Company of the Compan complete sedant by married to the technical sedant by the contract of the sedant by the se State of the state

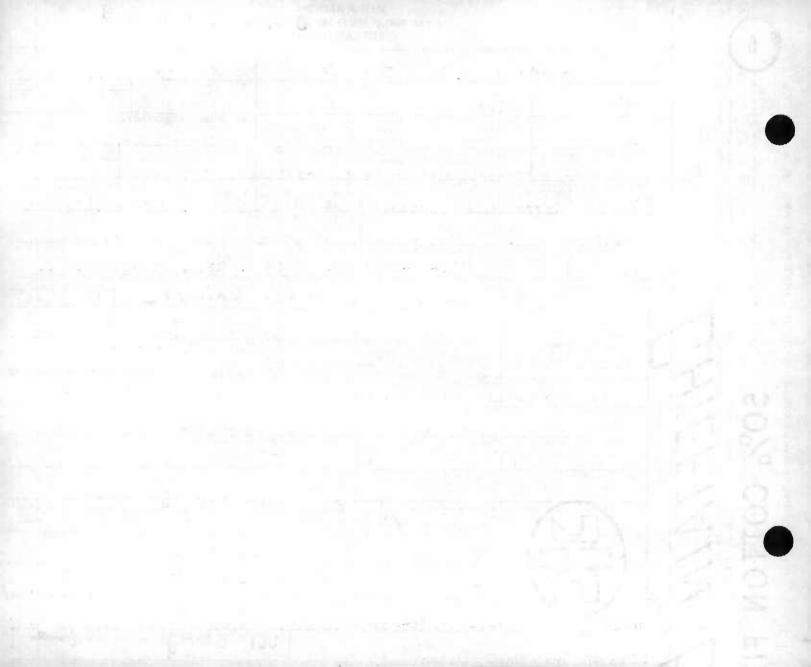
}	1.	FOR STATE	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTA	
/		REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
		CEASED NAME FIRST	MIDDLE	20. DATE OF DEATH MONTH DAY YEAR 26. HOUR
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frer po	3. SE	000 10	4 RACE S. DATE OF BIRTH	
ge , urs a	1	111012		189 95 YRS.
h. Po		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIE	9. BALTIMORE CITY OR COUNTY OF DEATH
deoth. Page		עואו	WIDOWED DIVORCE	
by the filed with	V	Vestminster	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	12a. USUAL OCCUPATION (TYPE OF THE REST OF WORKING LIFE) INDUSTRY
24 hour	13a.	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13d. IN SIDE CITY LIM NTY OUT TO THE TOTAL TO THE TOTAL	- 1110000 0161 15-118
thin thin]4. F/	THER'S NAME	15. MOTHER'S MAID	DEN NAME
d w	1	Robert	MIDDLE PAST	MIDDLE GOLLAST
and con oges L			MED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT	ADDRESS
0 F 0 E	1	YES, NO OR UNKNOWN) (IF YES, GIV	WIE 214-32-4457A MARY 2	upp Woodbine, Md.
te b		18 CAUSE OF DEATH (Enter or	nly one couse per line for (a), (b), and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
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by the by the ose rei i, crem		gave rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF	
S Para o		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TH	TE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
sign Then to be	N N	DR COL	UREMIA	
no. hos beer permit.	CERTIFICATION	19a. DATE OF OPERATION	. 1%. CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO P
SICIAN: The physicio game physicio certificate hariol-tronsit ental Hygie ental Hygie	E E	210. ACCIDENT WAS UNDERLYING		OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
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PHYSIC tending this cer he burio and Ment	MEDICAL	21d. INJURY OCCURRED	216. PLACE OF INJURY 21f. LOCATION	
	×	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	CITY OR TOWN COUNTY STATE
ATTENDING ospital or other SCIOR: After d far use os to the far use of the far use of the far use use the far use of the far use use use the far use			ital) attended the deceased from	84 to 10/19 19 84 that (1) (we)
TTEN pital TOR: for us af He		sow the deceased alive or	10/19 1984 and that in (my) (our) a	opinion death accurred on the date and hour and from the causes stated
hospital hospital hospital hospital silved far un Heept. af Heem 21 is		22b. SIGNATURE	ot) view the body after death. DEGREE	22c. DATE,SIGNED
0 0 0 0 0		MI. SIGNATURE		DING _ MEDICAL _ STAFF _ 10/10/201
RAL det		Juneary (plewer & MD ATTEND	CIAN DIRECTOR PHYSICIAN 10/19/87
TO HOSPITAL (retained by the TO FUNERAL (should be deto with the Store [lincent J	Ficces m. D 200 ADDRESS Wests	minster, Md
Of	23a.	BURIAL, CREMATION, REMOVAL		ATORY 23d. LOCATION CITY OF TOWN COUNTY STATE
BP		BuriAl	10/22/84 Oak Grove Co	emetery Glenwood Howard M
	24. F	UNERAL DIRECTOR	17	DATE RUD. BY REGISTRAN BUREGISTRANS SIGNATURE
DHMH - 16 50M 4/82 (VRA 15, 4)		HOVE 117	Hant Sixosville MN	OCT 22 1984 A Valuedom-Mandale

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STATE OF MARYLAND



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(i) +	NAOP	11 S.	RE	(3)	10	6 84 0900
1 SEX		4 RACE	5. DATE		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS M
s ofte	emale	White	MONT	1 04	79 · YR	
	THPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT	COUNTRY? 8	D T NEVER MARRIED	9. BALTIMORE CITY OR COU	NTY OF DEATH
0	DUNTRY)	USA	WIDOW		Carroll	Co.
Ma 10. City	ryland YORTOWN OF DEATH	11. NAME OF HOSP	ITAL, NURSING HOME	OR OTHER INSTITUTION	12a. USUAL OCCUPATION	12b. KIND OF BUSINESS
E_/			LITY, GIVE STREET ADDRESS)	n'l Hospita	(TYPE OF WORK FOR MOST OF WORKIN	NG LIFE) INDUSTRY
USUAL	tminster LRESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE R	County Ge			
13a ST			CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	C. 2107/
	ryland I Car	roll	damps tead	15. MOTHER'S MAIDEN N	11359 N. Mai	n St. 21074
	FIRST	MIDDLE	LAST	FIRST	MIDDLE	LAST
00	William AS DECEASED EVER IN U.S. A		SOCIAL SECURITY NO.	Virgin i	ADDRESS	In gham
	S, NO OR UNKNOWN) (IF YES.	CHIE WAR OR DATES			W Dood Ham	natord Md
	no		5-48-5411	Mr. David	W. Reed, Ham	1
	18. CAUSE OF DEATH (Enter PART I, DEATH WAS CAU	only one couse per line f	or (0), (b), and (c).)		- 00.1.1201	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
		ATE CAUSE (0)	ONGEST IV	E HEART	FAILURE	. 15 DAYS
roumotic		DUE TO, OR AS	A CONSEQUENCE OF	0	0	1000
	Conditions, if ony, which	(16) PN	Enwococ	CAL PNEU	MONIA G	18 DAYS
	gove rise to immediate couse (a), stating the	DUE TO, OR AS	A CONSEQUENCE OF		BACTEREMIA	4
	underlying couse lost.	(c)				
			BUTING TO DEATH BU		MINAL DISEASE OR CONDITION	
o N	PRE-R	ENAL	A30TEMI	AYH	100-ALBUMI	
0	190. DATE OF OPERATION	196. CONDITION	FOR WHICH OPERATION	N WAS PERFORMED		FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
	-			*	YES NO NO	YES NO
₩ W	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJ	URY MONTH DAY YEAR		RRED (ENTER NATURE OF INJURY IN ITEM	A 18 PART 1 OR PART 2)
	OR CONTRIBUTING CAUSE OF	DEATH	19			
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF IN		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
¥	WHILE NOT WHILE	(AT HOME STREET, FA	ACTORY, OFFICE, FARM, ETC.)			Cal
	22s.1 certify that (I) (this ha	spital) attended the dec	eased from	18 , 19 0	4 , to 0 . 6 .	, 19, that (II (we)
	sow the deceased alive	on 10.5	19 84	and that in (my) (our) opinio	n death occurred on the date and	I hour and from the causes stated
	obove, (I) (we) (did) (did	not) view the body ofter	deoth.	DEGREE		22c. DATE SIGNED
	(115 Ca	nome		ATTENDING	MEDICAL STAFF	10.6.84
7 4		of CO BOART		PHYSICIAN 122e ADDRESS	DIRECTOR PHYSICIAN	1 1 0
IMPORTANT.	22d. PHYSICIAN'S NAME (TYPE	PAPA		224 Was	nington HT3. 4	Jest minster, o
234. 50	W. RAJ	PARA	23c. NAME OF	224 Was	123d. LOCATION CITYORTOWN	URST MINSLEY 2
230. 50	N. RAJ	PARA		nount Cem.	Hamnstead	Carroll M
. E	W. RAJ URIAL, CREMATION, REMOV	PARA 23b. DATE		nount Cem.	Hampstead	



ADDRESS

Hampstead

Eline Funeral Home

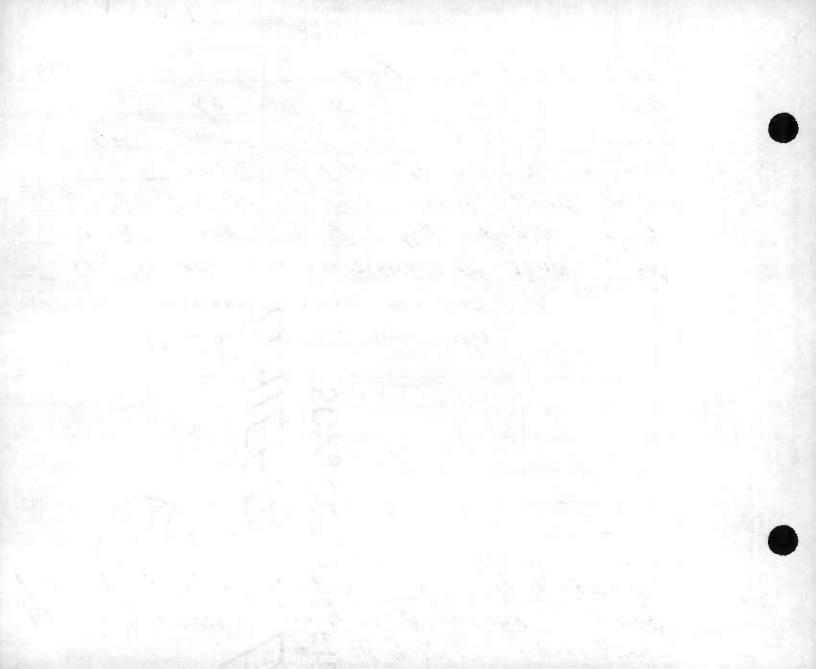
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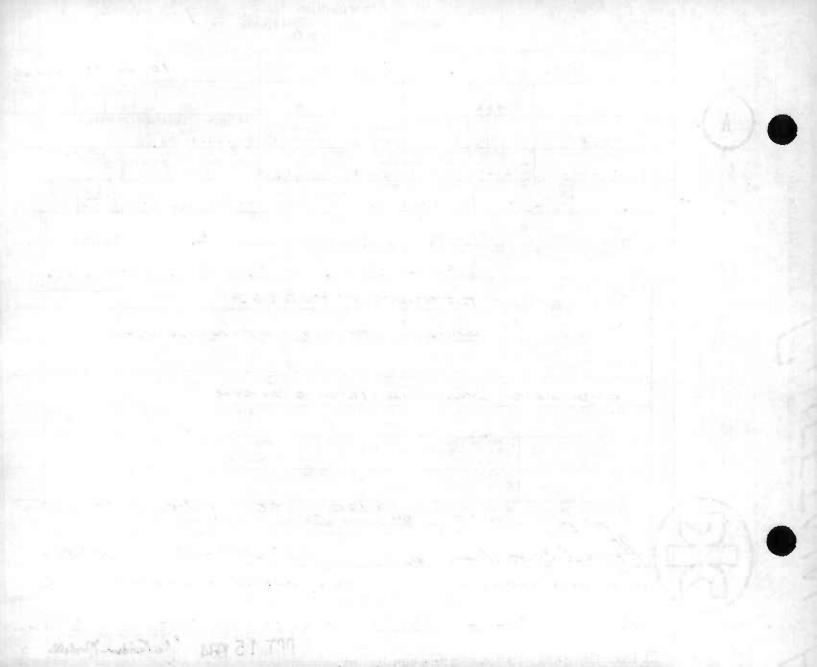


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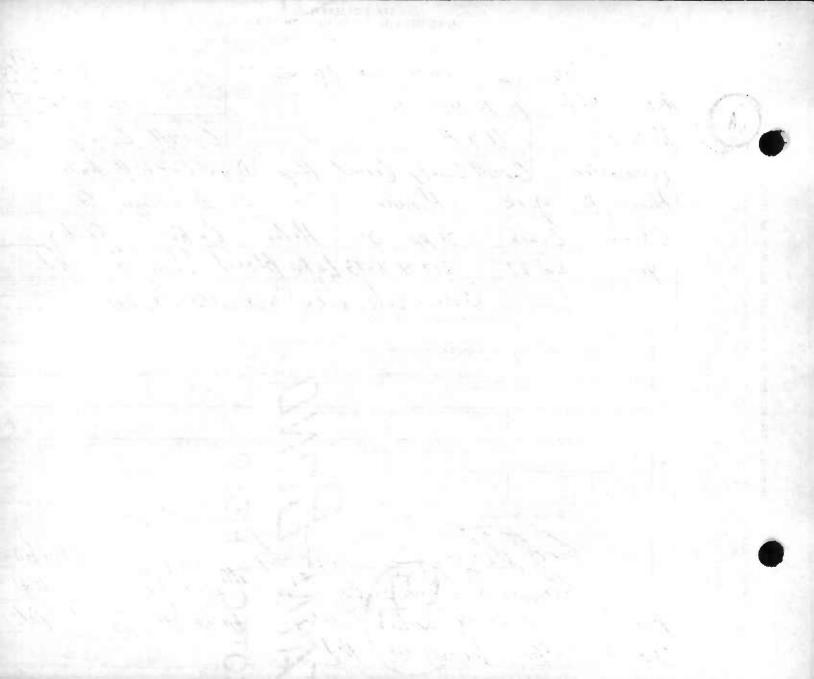
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH 2b. HOUR DECEASED NAME (FRIST) 8 84 10 6,0 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR JE UNDER 24 HRS 9. BALTIMORÉ CITY OR COUNTY OF DEATH **GITIZEN OF WHAT COUNTRY?** #. BIRTHPLACE Y STATE OF HOREIGH MARRIED NEVER MARRIED 126000 chin DIVORCED WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR INDUSTRY WORK EOP MOST OF WORKING LIFE! Virtoer Bun/V HAL RESIDENCE TO HIPS HIS HOME OF CHIEF INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13e STREET ADDRESS / ZIP CODE COUNTY 13d. INSIDE CITY LIMITS? NO [L FATHER'S NAME 15 MOTHER'S MAIDEN NAME ADDRESS 17 INFORMANT IN WAS DEPEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. LYES, INC. OR UNKNOWNI 661 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH II CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (cu) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10) CEREBRAL THROMBUSIS, MASSIVE HOUR: DUE TO, OR AS A CONSEQUENCE OF ERTENSIVE ARTERIOSCLEROTIC CARDIDIASCULAR Conditions, if any, which gave rise to immediate couse in stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Lie 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CERTIFYING CAUSES OF DEATH? NO. YES [NO [218. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (FINTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION 214 INJURY OCCURRED 21e. PLACE OF INJURY STATE COUNTY CITY OR TOWN STREET (AT HOME STREET, FACTORY OFFICE, FARM, ETC.) NOT WHILE AL WORK 220 I certify that (I) (this haspital) attended the decgased from saw the deceased olive an abaye, (1) (we) (did) (did not) view the body after death. and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 22¢ DATE SIGNED 226 SIGNATURE DEGREE MEDICAL STAFF ATTENDING = PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME 22e ADDRES ORT 23c, NAME OF CEMETERY OR CREMATORY CREMATION REMOVAL 73b. DATE neadow DHMH - 16 50M 4/83 (VRA 15, 4)



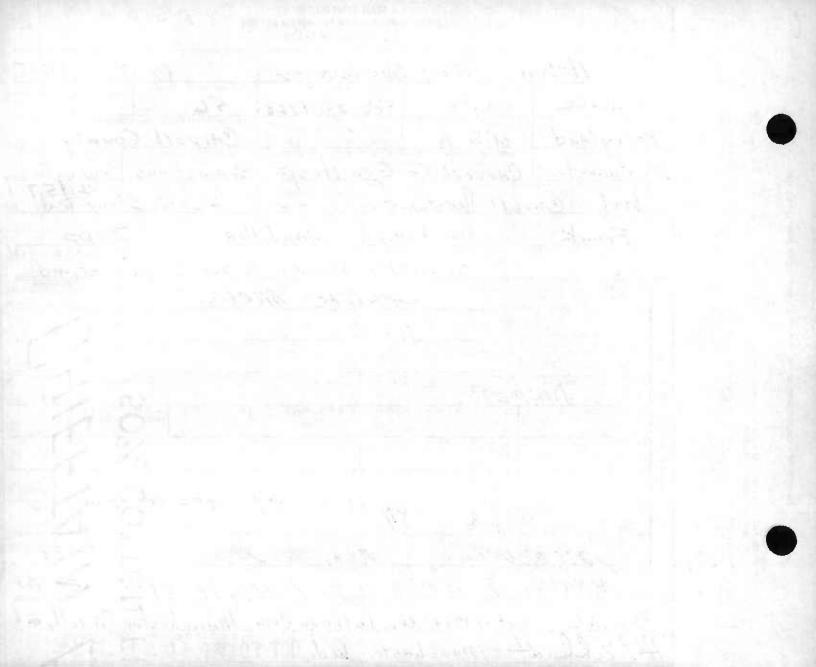
5	1.	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MERTAL HY CERTIFICATE OF DEATH	REG. NO.	3 4
2 F 6		CEASED NAME FIRST Helen	C.	Segafoose	20 DATE OF DEATH MONTH	10 84 715
	3. SE		4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS M
1 11 1	7n B	RTHPLACE (STATE OR FOREIGN	White 76. CITIZEN OF WHAT COUN	8 6 16	68 YR	
11/19		Marvland	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Carroll Co.	
1 1 700		ITY OR TOWN OF DEATH		URSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS
THE STATE OF THE S	We	estminster		nty Gen'l Hospita		
24 hou filled and ould be	13a. S	STATE 136 COU	INTY 13c, CITY OR	TOWN 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	21157
£ >- 5	14 E	Md. Carr	roll Westm	inster YES € NO □		idge Drive_
mplete and 2	13.17	FIRST	MIDDLE LAS	FIRST	WIDDLE	LAST
e 0 1	16a. \	John Was deceased ever in U.S. Al	RMED FORCES? 166 SOCIAL	g Mary SECURITY NO. 17. INFORMANT	ADDRESS	Baker
e execu	- (YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	0-0128 Mrs. Mary	I Woytok III	nerco. Md.
e b ciar Freers.		18 CAUSE OF DEATH (Enter o			I HOYILK, U	APPROXIMATE INTERVA BETWEEN ONSET AND DE
g physical conpaption on paption of the contract of the contra		PART I. DEATH WAS CAUS	ATE CAUSE (b) R=5	PIDATORY FAILL	22.=	BETWEEN ONSET AND DE
ires that the gned by the in please rer burial, crem		couse (o), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONS	SEQUENCE OF	MIN AL DISEASE OR CONDITION	GIVEN IN PART 1(a)
and the si	NO.	CUSHING	s's SYNDA	OME HORRES Z	OSTER	
on. has been perior permit. I	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH! YES NO
is certificate has buriel-transit per Mental Hygiene Mental Hygiene ar tem 18 shows		21g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE	EATH HOUR A.M. MONTH		RRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY JAT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STAT
or o or o and or o or o or o or o		AT WORK	pital) attended the deceased t	from 9/20 19 8	4 10 10/10	. 19 59 , that (1 Are)
ATTEN aspital ECTOR: d for us t, of He m 21 is	N	sow the deceased alive a	in 10 (9 inst) view the body ofter death.	19 84 , and that in my our) opinio	n death occurred on the date and	hour and from the causes state
OR he he he he had he he he he he he had he had he Dep		The STRATURE	32	DEGREE ATTENDING	MEDICAL STAFF	10 loss
E O III o S Z		224 PHYSICIAN'S NAME (TOP	OR PRINT)	220 ADDRESS		10000
TO HOSPITAL retained by to the Formal Should be determined by with the State IMPORTANT:		HONNES 6. C	avnam mp	215 WIEHM	GIDN HES WE	SIMINSTER
N =	23a	BURIAL, CREMATION, REMOVA		23c. NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY STAT
BP	1	Burial	10-12-84	Woodlawn Cemetery		Md
DHMH - 16 50M 4/B2		UNERAL DIRECTOR		PRESS 25a D.	ATE REC'D. BY REGISTRAD 256. RE	SISTRAR'S SIGNATURE
(VRA 15, 4)		line Funeral	Home Hamn	stead Md	10 BOd 00k	- Wilderson Manufacture



	1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7	6 3 3
+0	11-	STATE AMEDICAL EXAMINED/C CERTIFICATE OF DEATH	EG. NO.
	1. DE	ECEASED NAME FIRST MIDDLE LAST 20. DATE KNOT	WN MONTH DAY YEAR 26 HOLE
2000	(119	Greater Lewis Seiff Death MAT	TED 10 131984 55
STREET STREET	Ma	A RACE S DATE OF BIRTH YEAR LAST BIRTHDAY YEAR LAST BIRTHDAY MONTHS DAYS HOURS MIN. PRONOUNCED DEAD	10 15 643 31 M
_ (多孔弧力	70 BI	BRTHPLACE MARTING TO THE STATE OF WHAT COUNTRY?	CITY OR COUNTY OF DEATH
で選りまえ	No	Staraster U.S.M. WIDOWED DIVORCED - CAPPOR	1 County MD
ELAY IS TO THE F BE FILED	10	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION 120. USUAL	IFE N. M. Rayload
ANY DE AND 3 TO RETAIN HOUED B	1/	ALRESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE SEFORE ADMISSION) ATE 136 COUNTY 136 COUNTY 136 COUNTY 136 INSIDE (ITY LIMITS? YES 10 0 1 5)	14nger 159.999
Q TOWNS	10	ATHER'S NAME MIDDLE MIDDLE S. SERVER SMAIDEN NAME MIDDLE MIDDLE S. SERVER SMAIDEN NAME MIDDLE	e Rlades
BALTIMORE, MD. S. AFIER DEATH GIVE PAGES 1 PAGES 1 IVISION DE VETA		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES/GIVE WAS OR DIVES) 17. INFORMANT (IF YES/GIVE WAS OR DIVES) 17. INFORMANT (IF YES/GIVE WAS OR DIVES) 18. SOCIAL SECURITY NO. 17. INFORMANT (IF YES/GIVE WAS OR DIVES)	inciste hid.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH THE THE WITHING THE WORD "PENDING". IN PENCIL IN 18. GIVE PAGES TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PORTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF HEALTH AND MENTAL HYGIENE, DIVISION OF HEALTHWORE, MARYLAND, 21201 PRIOR TO BENEVAL CREMATION, OR REMOVAL.		18 CAUSE OF DEATH (Enter only one cause position of the control of	APPROXIMATE INTERVAL BETWEEN OMSET AND DEATH
EXECUTE NG" IN ICAL EX. A BURIAL H AND A WATION		(c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d).	
ITAL RECO HOULD BE RD "PEND HIEF MED USED AS, OF HEALTI	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
NOF WOLD E			NITEM 18 PART 1 OR PART 2)
DIVISIO HIS CERTIF WRITING /ARDED TO AGE 3 SHO ATE DEPA	MEDICAL	TIS. INJURY OCCURRED WHILE NOT WHILE AT WORK THE PLACE OF INJURY INCHOME. THE LOCATION CITY OR TOWN	COUNTY STATE
LEXAMINER: THE EXAMINER OF THE STATE OF THE		Tize I certify that Hack charge of the remains described above held an Autopsy Inspection Inspection Inquiry Acidem Suicide Inspection Undetermined monner ACTUAL SHONATURE M.D. MEDICAL EXAMINE	DATE BOOLED
MEDIC ECUTE THE GE 4 SH FUNER TER DEAT	2/	EXAMINER'S NAME LECTION OF A LONG ADDRESS ADDR	Beneval Hosp
999999	1	Buria 10-19-84 Krider's CEMETER WESTMAST	les County / stpl.
DHMH - 17 (VR A15 ME (5)) 20M 4/82	TA	FUNERAL DIRECTOR HAME D. Fletber Westminster Med. 085 180 Addition	Suidon-Rondall



	1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 7 6 3 4 STATE CERTIFICATE OF DEATH REG. NO. REG. NO.
noy be poge 3		CEASED NAME HELEN MAY Shenberger 10 17 84 0535m
oge 4 moy	3. SE	Female White Feb. 25, 1928 56 YRS. MONTHS DAYS HOURS MIN.
deoth. F	9	MARYLAND U.S.A. MARRIED WIDOWED DIVORCED CAVVOIL COUNTY MD.
by the filed with) U	Jestminster (Avol/ 6. Gen. 1+05P, Seamstress Sewing Factor
LAND 2120 nin 24 hours ly filled in by should be fill or mas to) 13a.	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) STATE 136 COUNTY 136. CITY OF TOWN 134. INSIDE CITY LIMITS? 136. STREET ADDRESS AVOIL WESTMINSTER YES NO D 2025 Stone Rd.
with with d 2	O 14. F	ATHER'S NAME Frank MIDDLE Meckley Mandillia MIDDLE Zepp 15. MOTHER'S MAIDEN NAME LAST WANTED LAST LAST LAST PARK MANDLE Zepp
ALTIMORE, MA te be executed icton and comp oers. Pages 1 an of.		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Zozs Stone Relives, INGRUNKNOWN) (IF YES, GIVE WAR OR DATES) 215-24-7999 Russel/ R. Shenberger West, and
RESTON ST., B e death certifica e attending phys move carbon pay tournatic event,		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stafting the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF
low requires that the same signed by the remit. Then please re prior to burial, crem any injury, or other	ATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED
TAL The icion te horsit p rgien	L CERTIFICATION	IN CERTIFYING CAUSES OF DEATH? YES NO YES NO CONTRIBUTING CAUSE OF DEATH 210. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH AND AMONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 216. INJURY OCCURRED 216. PLACE OF INJURY WHILE WHILE AT WORK AT WOR
TTENDI optol or TOR: A for use of Heal		22e.1 certify that (1) (this hospital patiended the deceased from
0 . 0 . 0		276. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHY
TO HOSPITAL Cretoined by the TO FUNERAL I should be detoined with the Store I mapper	730	MANUET J. SEVILLA 6/NULLEL PS. WESTMINSTER WIS. BURIAL, CREMATION, REMOVAL 236, DATE 236, NAME OF CEMETERY OF CREMATORY 236 LOCATION
ВР		Burial Oct. 19, 1984 New Lutheran Cem. MAnchester Carvoll, till
DHMH - 16 50M 4/82 (VRA 15, 4)	24.1	Linke Echhardt Manchester, Wd OCT TO By REGISTRARIZS REGISTRARIZA REGI



BP. DHMH - 16 50M 7/77 (VR A 15 (4))

IMPORTANT: If Hem 21 is morked or Item 18 shows ony injury, ar ather troumatic event, the medical ex

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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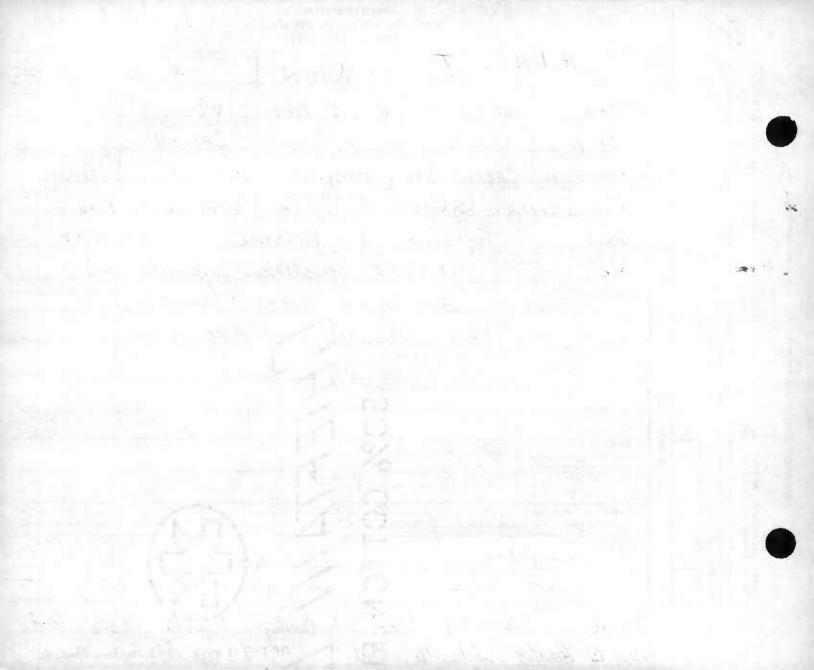
	FOR STATE	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 2 7 6	3 3					
١	REGISTRAR	MIDDLE		REG. NO.						
	I. DECEASED NAME FIRST (TYPE OR PRINT) Heles	n J. Talley	LAST	October 11,	1984 2b. HOUR					
	3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS					
	female	cauc.	Sept. 16, 1905	79 YRS						
	7a BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUN	TY OF DEATH					
)	PA	USA	WIDOWED XX DIVORCED	Carrol1						
7	Manchester	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS) ADDRESS) Red #1	126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOME HARER HOME						
7	USUAL RESIDENCE (IF NURSING HOME C 130. STATE 13b COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR		13e. STREET ADDRESS	21102					
1		rroll Manches		2183 Mt. Venus	#1,					
0	14 FATHER'S NAME		15. MOTHER'S MAIDEN NA							
1	CHOC	DUFF DUFF	1 (1100-0	MIDDLE	Atkinson					
7	160. WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 16b SOCIAL SECU	JRITY NO. 17 INFORMANT	ADDRESS	11					
	no -	- N/A	Harrier U	Whitney New YORK						
	18. CAUSE OF DEATH (Enter of PART), DEATH WAS CAUS	only one couse per line for (a), (b), on	d (c)-1		BETWEEN ONSET AND DEATH					
	IMMEDIA	ATE CAUSE (D) ASCVD, (CVI		approx. 5 yrs.					
		DUE TO, OR AS A CONSEQUENCE OF								
	Conditions, if any, which	Conditions, if ony, which ((b)								
	cause (a), stating the									
	underlying cause last (c)									
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED					
	TIE TE			YES NO YES NO						
9	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)						
	OR CONTRIBUTING CAUSE OF DE		AY YEAR							
	(IF EITHER, NOTIFY MEDICAL EXAMINES	21e PLACE OF INJURY	21f. LOCATION							
	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE					
		pital) attended the deceased from_	Jan. 14 19 75	present	, that (I) (X) last					
		sow the deceased alive on July 16 19 81, and that in (my) (34) apinion death occurred on the date and hour and from the causes stated above, (1) 449 tail (1) (44) as the body after death.								
	22b. S/GNATURE									
7	14 Marchald	ATTENDING MEDICAL STAFF PHYSICIAN MODIFICATION OF PHYSICIAN OF PHYSICI								
	200. PHYSICIAN'S NAME (TYPE	OR PRINT)	?2e ADDRESS							
	Richard Y. Da	1rymple, M.D., PA.	Carroll Plaz	za, Westminster,	Md. 21157					
	23a. BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR GREMATORY	23d. LOCATION						
	(SPECIFY)	10/14/84 /	Terdow Bunch	1) elfrate	CAMPLL HE					
	24. FUNERAL DIRECTOR	100000	7 350. DAT	E REC'D. BY REGISTRAR 256. REG	ISTRAR'S SIGNATURE					
	PRITTS F.1.	4, 412 WASHI	NOTON / Elus PA	120 1944 7	K					
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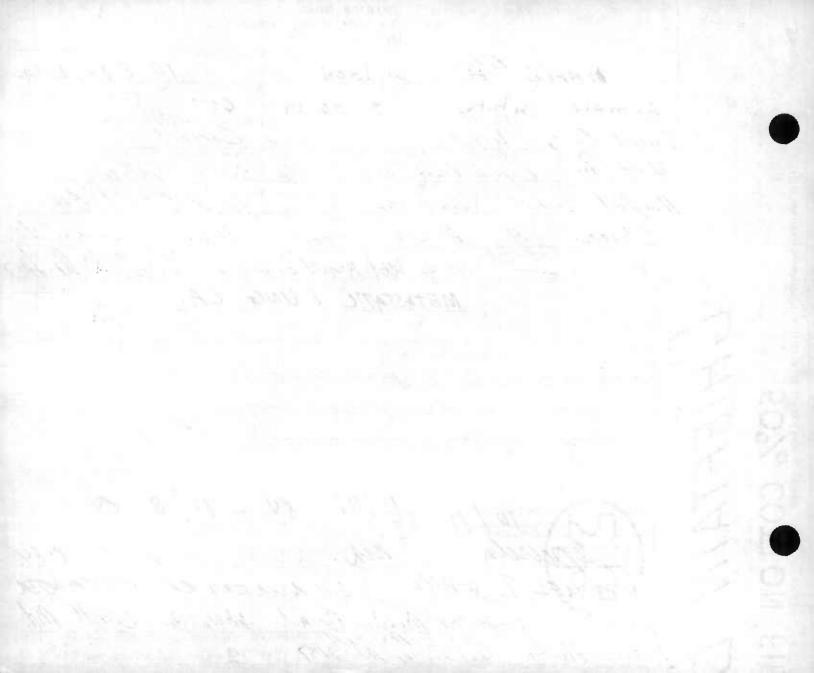
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2			STATE REGISTRAR	MIDDLE	CERTIF	ICATE OF DEATH	REG. NO	ONTH DAY YEAR	26. HOUR
page 3			CEASED NAME OR PRINT)	N //E	LEN	Wilson	IO IO	. 26.84	10 A
E . 0		3. SE	E	4 RACE	5. DATE O	DAY YEAR	6 AGE (IN YEARS LAST BIRTH	MONTHS DA	
Page 4 director hours of	1/	7a. BI	THPLACE ISTATE OR FOREIGN	7b. CITIZEN OF WHAT COL	INTRY? 8	-	9 BALTIMORE CITY OF	COUNTY OF DEATH	i l
or 72	11		N. Y.	U. S.A.	MARRIE	D NEVER MARRIED DIVORCED	CARRE	11	,
d the	1	10. CI	estiminster	11. NAME OF HOSPITAL,		tospital	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUST	D OF BUSINESS C
24 hours filled in by ould be file		USU/ 13a. S	L RESIDENCE (IF NURSING HOME O	NTY 13c_CITY C	OR TOWN.	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	a dia C	21784
= >-K	11	14 FA	THER'S NAME	RRALL SYKE	sville	YES NO SAIDEN NA	6744 SI	ACKS KOM	d
and and	11		Axel	MIDDLE TORNAU		Krish		Mulvi	ick
e execut n and co Poges 1	1	16a V	AS DECEASED EVER IN U.S. AL	VE WAR OR DATES)	01 7795	Lewis Wils	addres	ille. Md	
e law requires that the death cen. no seen signed by the attending permit. Then please remove carb permit. Then please remove carb permit to burial, cremation, arranges any injury, or ather traumatic	s any injury, or other	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT 19a, DATE OF OPERATION	DUE TO, OR AS A CO	RUSCLE NSEQUENCE OF	NOT RELATED TO THE TERM		ITION GIVEN IN PART 206. IF YES, WERE FIN IN CERTIFYING CAU:	IDINGS USED
1YSICIAN: The ding physician. is certificate ha buriol-transit pe Mental Hygiene or hem. 18 show:			210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		TH DAY YEAR	21c HOW INJURY OCCUR	7		-
PHYSIC ending this cer he burio nd Ment	1	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d, INJURY OCCURRED WHILE NOT WHILE AT WORK			21f. LOCATION STREET	CITY OR TOW	0	
L OR ATTENI the hospital L DIRECTOR: stacked far us e Dept. of He			220. I certify that (I) (this hasp sow the deceased alive or above, (I) (we) (did) (did a 22b. SIGNATURE		, 0	nd that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN		22c. D	, mor (ii (se))
TO HOSPITAL retained by 11 TO FUNERAL should be det with the State IMPORTANT:	I		N. PA	OR PRINT) JPAGA		220 ADDRESS 224 Was	hington	Hp. Wasi	^t minst
BP		23a.	URIAL CREMATION, REMOVA	10-29-84	23c NAME OF C	Ridar Cemetra	23d. LOCATION	BALL	mit.
DHMH - 16 50M 4/B (VRA 15, 4)	32	24. F	WASA W. HALA	ht Sulcanio	the Mi	d. 250. 07	2 9 1084	Sh. REGISTRAR'S SIGN	Pandell.





/	1.	FOR STATE REGISTRAR		DEPARTM	ENT OF HEA	F MARYLAND LTH AND MENTAL H ATE OF DEATH	IYGIENE 2	7 6 REG. NO.	3 9	
2 /25		CEASED NAME FIRST OR PRINT)	Russer	- HINRICH	LAST	luce	20. DATE OF		DAY YEAR	26 HOUR
der pog	3. SE		4. RACE		5. DATE OF B	IRTH DAY YEAR 08 190		ARS LAST BIRTHDAY)	IF UNDER I YEAR	7
A Page 177 P	7a. B	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?		NEVER MARRIED	9 BALTIMOI	RECITY OR COUNT	Y OF DEATH	446
after der ber ber ber ber ber ber ber ber ber b		ITY OR TOWN OF DEATH	(IF NOT IN SU	HOSPITAL, NURSING	DDRESS)		12a. USUAL C	OCCUPATION FOR MOST OF WORKING	LIFE) INDUSTRY	MD. OF BUSINESS OR BNT MARIN
24 hours	USU 13a	AL RESIDENCE (IF NURSING HOME COLORS TATE 136 COUL	R OTHER INSTITUTION		ADMISSION)	d. INSIDE CITY LIMITS	? 13e. STREET A		Way 3	1157
completely filler and 2 should	14. F/	THER'S NAME PIETRICH GERI	MIDDLE HARD HE	INRICH WU	LFF 1	MOTHER'S MAIDEN	1.1	MIDDLE GERI	HARDINE (GERTJE
I', BALTIMORE, i'ficate be execu- physicion and ca- poppers. Poges 1 moval. vent, the medica		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES?	158-24-		NO R. WULL	4, JR	ADDRESS 5764 STE	NENS FOR	CEST RO 210 YS XMATE INTERVAL I ONSET AND DEATH
es that the death cert ned by the attending please remove carbon urial, cremation, or re v, or ather traumatic e	CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	(b) DUE TO, C	DR AS A CONSEQUE DR AS A CONSEQUE CONTRIBUTING TO D	NCE OF	OT RELATED TO THE TE	erminal diseast	OR CONDITION G	IVEN IN PART T	(⊙
VITAL RECORDS, N. The low requir ysicion. consi permit. Then Hygiene prior to b 18 shows ony injury		190 DATE OF OPERATION		MA			200 AUTO	NO IN CERT	ES, WERE FINDI TIFYING CAUSES YES	NGS USED S OF DEATH? NO
HYSICIA nding ph nis certifi burial-ti Mental	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED	EATH HOUR A	OF INJURY A.M. MONTH DA P.M. OF INJURY TREET, FACTORY, OFFICE, FA	Y YEAR 19	It. LOCATION	URRED (ENTER NA	CITY OR TOWN	COUNTY	STATE
(TEND) (TEND) or use of Heol	2	white AT WORK AT WORK 220.1 certify that this has sow the deceased glive a above 10 (we'd did) taid in	pital) attended t	the deceased from	April	, 19 &	y, to C	d on the date and he		that (we) lost couses stated
Dep He he	4	276. SIGNATURE	resell	In M	0	GREE ATTENDING PHYSICIAN 20 ADDRESS	MEDICAL DIRECTOR	STAFF PHYSICIAN	22c. DATE	12/by
TO HOSPITAL TO FUNERAL should be det with the Store	22	Jan W.	Midd	leton M	D	182 Enal	* Main S	& West	menet	and
BP	C	BURIAL, CREMATION, REMOVA (SPECIFY)	10 1	2/84/6	ARRAIL	ETERY OR CREMATO	TO HAI	TION DETOWN SELECTION GISTRAR 256, REGI	CANA	el per
DHMH - 16 50M 4/82 (VRA 15, 4)	24-1	PRETTS F.	14, 41.	2 40000		Z et	71、64、56、100	A POLICE	se farman - 1	

- Property of the second secon Table of summer and the sum of Johnson of March Citizen , Levi Bed and the thinking in the weather it is By the same of the same Mary 15 February